

Alzheimer Society

H A S T I N G S - P R I N C E E D W A R D

ELECTRONIC FUNDS TRANSFER ENROLMENT

I hereby give authorization to the Alzheimer Society of Hastings-Prince Edward to withdraw the sum of \$_____ approximately on the 15th of each month.

Bank name: _____ Bank ID: _____

Transit No: _____ Account No: _____

(VOID cheque attached)

Name: _____

Address: _____

City: _____ Prov: ON Postal Code: _____

Phone: _____

Email: _____

Signed: _____ Date: _____

This authorization may be revoked at any time by sending notification, in writing, to the Executive Director.