



**Prairie Christian Academy**  
Christ-centred education since 1938  
[www.pca3hills.ca](http://www.pca3hills.ca)

**Yes! I want to become a PCAS Monthly Partner.**

Thank you for your generosity and willingness to support the ministry of the Prairie Christian Academy Society as a PCAS Monthly Partner. We are honoured by the trust your gift demonstrates, and we are grateful for your commitment to excellent Christ-centered education.

Pre-authorized monthly giving is convenient for both you and the Society. For us monthly giving reduces our fundraising costs while providing a predictable, minimum level of cash flow every month. For you it means no checks to write and no reminders needed. It's quick and easy way to support our efforts to nurture young men and women who will make an impact in this world for Christ.

**Personal Information (Please Print Clearly)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/St: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Pre-Authorized Debit Authorization**

I wish to set up a monthly pre-authorized gift to the General Fund in the amount of (check one):

\$25       \$50       \$100       Other: \_\_\_\_\_

These services are for (check one):       Personal       Business

I authorize the Prairie Christian Academy Society to draw on my bank account, on the 5<sup>th</sup> of every month or on the next business day, for the purpose indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Banking Information**

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_ Financial Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This is a (check one):       Checking Account       Savings Account

**Donor Rights**

I understand that I may cancel or change this authorization at any time by notifying the Society in writing at least 10 days before the next debit is scheduled to be processed.

You have certain rights and recourse should any debit not comply with this agreement. You have the right to receive reimbursement for any debit that is not consistent with this agreement. To obtain a more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

### **Instructions**

When this form is complete, mail or fax it to:

**Prairie Christian Academy Society**  
**P.O. Box 1756 Three Hills, AB T0M 2A0**  
**Fax: 403-443-7005**