



Operated by the Timothy Canadian Reformed School Society  
 430 East 25th Street, Hamilton, ON L8V 3B4  
[www.timothyschool.org](http://www.timothyschool.org)

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION, MEMBERSHIP OR DONATION PURPOSES TO TIMOTHY CHRISTIAN SCHOOL - HAMILTON (TCS)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

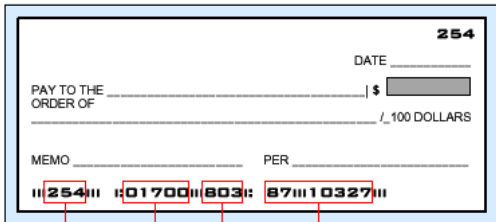
1) I/We hereby authorize TCS to withdraw the following Pre-Authorized Debits from our account (check one):

- |                    |                              |
|--------------------|------------------------------|
| Donation:\$ _____  | Student/Senior Membership    |
| Regular Membership | Kindergarten                 |
| Tuition            | Other (please specify) _____ |

2) I/We would like the Pre-Authorized Debits to be withdrawn on (check one):

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1 <sup>st</sup> day of each month | 15 <sup>th</sup> day of each month |
|-----------------------------------|------------------------------------|

3) Bank Account Information (please attach void cheque or fill out the following):



Bank Name: \_\_\_\_\_

Transit #: \_\_\_\_\_

Institution #: \_\_\_\_\_

Account #: \_\_\_\_\_

Please return the completed form with a void cheque (if applicable) and give to your local Promotion Committee Member or email directly to: [promotion@timothyschool.org](mailto:promotion@timothyschool.org)

**Finance Committee Representative**

Treasurer                      Abraham Roza                      905-902-7692                      email: [treasurer@timothyschool.org](mailto:treasurer@timothyschool.org)

**Promotion Committee Representative**

Committee Chair                      Kevin Heyink                      289-439-7258                      email: [promotion@timothyschool.org](mailto:promotion@timothyschool.org)