



431 Thames Ave Unit C

Winnipeg, MB R2L 0V4

Email: office@hosannachristianschool.ca

Phone: (204) 944-8237

Authorization*

I, _____ authorize Hosanna Christian School Inc. to withdraw
\$_____ from my account on the 1st or 15th of every month.

Begin donations on _____/ _____ (mm/yy)

End donations on _____/ _____ (mm/yy)

OR

I will submit cease payment request.

Signed, _____ Date _____

Billing Information

Billing address*

(Street) (City, Province) (Postal code)

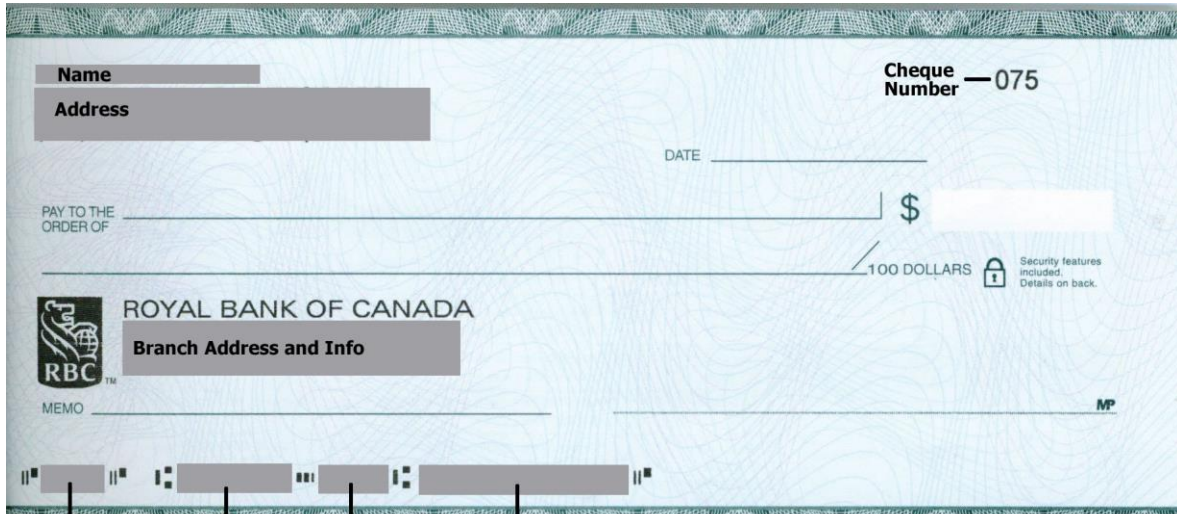
Contact information

Phone _____ Email _____

Bank Details

*Please attach a voided cheque or fill out banking information on the second page.

*required



Name [Redacted]

Cheque Number — 075

Address [Redacted]

DATE _____

PAY TO THE ORDER OF _____

\$ [Redacted]

100 DOLLARS Security features included. Details on back.



ROYAL BANK OF CANADA

Branch Address and Info [Redacted]

MEMO _____

MP



Cheque Number

Transit (Branch) Number

Financial Institution (Bank) Number

Designation and Account Number

Branch Name and Address

Transit/Branch Number

Financial Institution Number

Designation Number (not usually needed)

Account Number
