



Society of Eritrean Jebertis in Canada (SEJC)

Electronic Funds Transfer Authorization

I hereby authorize the Society of Eritrean Jebertis in Canada (SEJC) rto directly withdraw the monthly membership fee from the bank account(s) listed below in the amount specified. I have also attached a voided check, or a bank verified information slip for the account specified below. This withdraw authorization is to remain in force until SEJC has received a written request from me of its termination or change.

Also, I grant SEJC the right to correct any Electronic Funds Transfer resulting from NSF by crediting my account to the extent of the agreed amount plus the NSF fee.

Full Name _____

Address: _____

Telephone: (_____) _____

Effective Date _____

Account# Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Street Address: _____

City, Province Postal Code: _____

Telephone: (_____) _____

P.O.BOX 186 2967 Dundas Street W., Toronto, On M6P-1Z2



Personal Account Number: _____

Amount of fee to be credited; _--_____

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Amount to be withdrawn from this account: _____

Signature: _____

Date: _____

For office use only-

Processed by: -

Processed date: -

Effective Date: -

SEJC membership account number#

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