

AdventistSchoolPay

School Enrollment Agreement

Fax: 866-424-0956

Email: Help@AdventistSchoolPay.org

We, the undersigned, give permission for the Seventh-day Adventist Church in Canada (AdventistSchoolPay) to collect tuition, fees and donations for the following school, to be deposited in the specified account. By signature we verify the information as true and correct.

School

Name: _____

Address: _____

Bank

Name: _____

Bank (3-digit) #: _____ Branch Transit (5-digit) #: _____

Customer #: _____

*** Please attach a copy of your voided check. It is required for verification.**

School Principal

Signature: _____

Name: _____ Date _____

Email: _____

School Treasurer

Signature: _____

Name: _____ Date _____

Email: _____

Conference Officer (Required only for conference-operated schools such as boarding academies)

Signature: _____

Name: _____ Date _____

Conference: _____

Email: _____