



Koinonia@Home

Home Education Parent Reimbursement Authorization for Direct Deposit

This authorizes Koinonia Christian School to directly deposit my Home Education Parent Reimbursement into the account on the attached document.

Yes, I wish to have my Home Education Parent Reimbursement Funds directly deposited. This authorization will remain in effect until I modify or cancel it in writing.

Printed Name:

Email Address:

Signature

Date:

****Please attach a sample cheque from your bank marked VOID to prevent transcription errors. Online bank accounts are accepted. Sample cheque must include your branch number, institution number and bank account number (see example below).**

Sample void cheque:

ACCOUNT HOLDER NAME		001
STREET ADDRESS		
CITY, PROVINCE POSTAL CODE		
DATE		
PAY TO THE ORDER OF	VOID	\$
		100 DOLLARS
BANK NAME		
BANK STREET ADDRESS		
BANK CITY, PROVINCE POSTAL CODE		
⑈00⑈ ⑈05550⑈ ⑈004⑈ ⑈27864⑈ ⑈82178⑈		
Cheque No.	Branch No.	Institution No. Bank Account No.

OR

No, I do not wish to have my Home Education Parent Reimbursement Funds directly deposited. Please mail me a cheque.

Mail this completed form and void cheque or bank document to:

Koinonia@Home
6014 57 Ave. Red Deer, AB
T4N 4S9