



**MARITIME**  
CHRISTIAN COLLEGE

# Pre-Authorized Payment Form

(please print clearly)

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Maritime Christian College to arrange automatic withdrawals from my bank account on the \_\_\_\_\_ day of each month.

Amount \$ \_\_\_\_\_ per month

Commencing \_\_\_\_\_, 20\_\_\_\_  
month year

Branch \_\_\_\_\_

Institution \_\_\_\_\_

Account \_\_\_\_\_

or enclose a cheque marked "VOID"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to : Maritime Christian College, 9 Lilac Avenue, Charlottetown, PE C1A 6L1

Email to: [pching@mccpei.com](mailto:pching@mccpei.com)



**Stewardship Policy:**

"Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project will be used as designated, with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for a program or project will be used where needed most."

[www.mccpei.com/Canadian-donations](http://www.mccpei.com/Canadian-donations)