



I hereby authorize Foundations for the Future Charter Academy to initiate automatic deposits to our account at the financial institution name below.

Further, I agree not to hold Foundations for the Future Charter Academy responsible for any delay or loss of funds due to incorrect or incomplete information supplied by us or our financial institution or due to an error on the part of my financial institution in depositing funds to our account.

This agreement will remain in effect until Foundations for the Future Charter Academy receives a written notice of cancellation from us or our financial institution, or until we submit a new direct deposit form to Foundations for the Future Charter Academy's Accounts Payable Department.

Parent Name: _____ Phone: _____

Email Address: _____

Student Name(s): _____ Campus: _____

Student Name(s): _____ Campus: _____

Student Name(s): _____ Campus: _____

Signature: _____ Date: _____

Requested EFT Deposit is for the following reason:

Withdrawal from FFCA _ Withdrawal from Bus _ Textbook Refund _ Fee credits _

Other, please specify _____

PLEASE ATTACH COPY OF PERSONALIZED VOID CHEQUE

Sample of Personalized Cheque

A → Name of Account Holder	Shirley Smith #102, 10222 - 102 Street Edmonton, Alberta T6P 1L9	Date _____	159
	PAY TO THE ORDER OF _____	\$ []	
B → Name of Bank	ROYAL BANK OF CANADA 107 Street & 107 Avenue Branch		/100 Dollars
C → Bank Address	10707 - 107 STREET EDMONTON, ALTA. T6A 3P8		
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