



Pre-Authorized Deposit Form

Please print

Parent First Name:	
Parent Last Name:	
Student(s) First/Last Name:	

I hereby authorize ACA to direct deposit my ACA@Home Parent Resource Reimbursement payment into my bank account using my attached VOID cheque.

Signature of Parent

Date of Signature

Check this box to acknowledge that you will be emailing a void cheque along with this form

INSTRUCTIONS:

1. Print this form and fill in the fields.
2. Scan the form to a digital file.
3. Write VOID across a cheque and scan it to a digital file
4. Attach the two files (this form and voice cheque) in an email and send to:

kathyharmon@airdriechristian.com