



*I would like to partner with Horizon to equip leaders and change lives...*

**Automated Funds Transfer (AFT) Agreement:**

I authorize the processing of an AFT through my account as detailed below:

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Bank account information (if possible, please attach a void cheque)

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

Bank ID # \_\_\_\_\_ Transit # \_\_\_\_\_ Account # \_\_\_\_\_

For the Amount: \$ \_\_\_\_\_

Begin: (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Day of the Month: \_\_\_\_\_

Frequency: Monthly  Bi-Weekly  Other (specify): \_\_\_\_\_

Purpose: Donation  Tuition  Other  \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Return via: 1) Email: [business@horizon.edu](mailto:business@horizon.edu)  
2) Fax: (306) 373-6968  
3) Mail: 1303 Jackson Avenue, Saskatoon, SK, S7H 2M9