



Pre-Authorized Payment Form

Membership Categories:

- | | |
|---|--|
| <input type="checkbox"/> New Full \$115 (\$9.58 monthly) | <input type="checkbox"/> Renew Full \$110 (\$9.17 monthly) |
| <input type="checkbox"/> New Student \$95 (\$7.92 monthly) | <input type="checkbox"/> Renew Student \$90 (\$7.50 monthly) |
| <input type="checkbox"/> New Associate \$100 (\$8.33 monthly) | <input type="checkbox"/> Renew Associate \$95 (\$7.92 monthly) |

#10727 2791 RR0001

I (first and last name), _____,

hereby authorize the Early Childhood Educators of British Columbia to debit my bank account # _____

at Branch # _____ at (name of financial institution) _____

in the amount of \$ _____ on the **1st or 15th** (please circle one only) day of each month.

This authorization is for the period of **one year only**, from:

_____ to _____

(i.e. April 1, 2011 to March 1, 2012)

Member Signature

Date

**Please attach a void cheque in this section
(tape only, no staples)**