

PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM FOR TUITION

To: CALVIN CHRISTIAN SCHOOL, HAMILTON

SECTION 1:

NAME(S)		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

SECTION 2:

SAME AS PRIOR YEAR	<input type="checkbox"/> Yes (Skip to Section 3) <input type="checkbox"/> No / Not Applicable (include "VOID" Cheque)	
NAME OF FINANCIAL INSTITUTION		
BRANCH ADDRESS		
CITY	PROVINCE	POSTAL CODE
BANK NUMBER	TRANSIT NUMBER	ACCOUNT NUMBER

SECTION 3:

I/we (the above name) authorize CALVIN CHRISTIAN SCHOOL SOCIETY OF HAMILTON to debit my/our account indicated above, in the amount of \$ _____ on the 20th of each month for 12 months (starting September 20, _____ until _____) unless I/we notify CCS - Attention Finance Manager in writing of a cancellation (2 weeks notice required).

SECTION 4:

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay "Calvin Christian School" as indicated and to debit the amount specified to my/our account.

I/we will notify CCS - Attention Finance Manager in writing if I/we move the account from one bank or branch to another or if there is any other change in the account.

I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled with 2 weeks written notice by me/us to CCS - attn. Finance Manager

I/we am/are the person(s) who are required to sign on the above account:

I/We understand that a \$35.00 fee will be charged for all returned items.

_____ (Date)

PAYEE'S SIGNATURE

PAYEE'S SIGNATURE (if applicable)

****New Accounts please attach a cheque marked "VOID" to this form****