

## PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM FOR TUITION 12-month Payment Plan

Name:		
Address:		
City:	Province:	Postal Code:

Financial Institution:

Name:		
Branch Address:		
Institution Number (3 digits):	Transit Number (5 digits)	Account Number:

*Please include a copy of a "VOID" Cheque.*

I / We authorize CALVIN CHRISTIAN SCHOOL SOCIETY OF HAMILTON (CCS Hamilton) and the financial institution designated to begin deductions as per my/our instruction for the payment of **Personal** tuition for the Family \_\_\_\_\_ on the 20<sup>th</sup> of each month (beginning with September of the current school year).

Regular payments will be debited to my / our specified account on the 20<sup>th</sup> of each month.

Any returned payments will be subject to an administration fee (currently \$45.00).

If you choose to change or cancel the plan at any time, CCS Hamilton requires two weeks' notice, in writing, to amend or stop deductions prior to the next withdrawal date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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

Date \_\_\_\_\_

Payee Signature \_\_\_\_\_

Payee Signature (if applicable) \_\_\_\_\_