

PRE-AUTHORIZED PAYMENT FORM FOR TUITION 10 or 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 "VOID" cheque or pre-authorized payment form.

I/We authorize CALVIN CHRISTIAN SCHOOL SOCIETY OF HAMILTON (CCS Hamilton) and the financial institution designated to make withdrawals for the payment of my/our tuition on the 20th of each month as follows:

___ 10 equal payments from September 2024 to June 2025

___ 12 equal payments from September 2024 to August 2025

Any returned payments will be subject to an administration fee of \$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.

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.

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

Signature of Account Holder: _____

Signature of Account Holder (if applicable): _____

Date: _____