

37 Robinson Rd.
 Dunnville, ON N1A 2W1
 Tel: 905-774-5142
www.dunnvillechristianschool.ca



Bookkeeper
Jeannette Horinga
 905-229-0256

Pre-Authorized Debit

(PAD) Form

The payor acknowledges that this authorization is provided for the benefit of the **Dunnville Christian School Society Inc.** and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Payor 's account in accordance with the rules of the Canadian Payments Association.

To: **Dunnville Christian School Society Inc.** to Direct Debit an Account

Account Holder (the "Payor"):		
Full Legal Name:		Exact Name in which Account is Held:
Address:		
		Telephone Number:
City:	Province:	Postal Code:
Financial Institution (the "Bank"):		
Name of Bank:		
Branch Address:		
City:	Province:	Postal Code:
Bank Account No.:	Branch No.:	Institution No.:

I/we authorize **Dunnville Christian School Society Inc.** and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instruction for monthly regular recurring tuition payments to debit my/our account indicated above. Reference current academic year tuition agreement for complete monthly payment details. The monthly tuition amount will be withdrawn on the 15th of each month unless I notify *Dunnville Christian School – Attention: Jeannette Horinga* in writing of a cancellation.

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

I/we will notify *Dunnville Christian School – Attention: Jeannette Horinga* 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 at any time upon written notice by me/us to *Dunnville Christian School – Attention: Jeannette Horinga*. Written notice indicating cancellation must be received by Jeannette Horinga at least 10 business days before the next debit is scheduled to be withdrawn.

I have certain recourse rights if any debit does not comply with this agreement. For example: I 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 my recourse rights, I may contact my financial institution or visit www.payments.ca.

Any delivery of this authorization to **Dunnville Christian School Society Inc.** constitutes delivery by me/us to the Bank.

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

Signature of Account Holder:	Date:
Signature of Account Holder:	

***** For verification, please attach a blank cheque marked "VOID" to this completed form *****