



# KELOWNA CHRISTIAN SCHOOL

## PRE-AUTHORIZED DEBIT AGREEMENT

**1. School Family Name:** (LAST NAME, Father / Mother)

**2. Bank Account Holder(s) Information** (Please Print Clearly)

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_

**3. Bank Account Information** \* Please attach a VOID cheque or Bank Confirmation Form

Branch Transit Number:      (5 digits)

Account Type:  Chequing  
(check ✓)

Financial Institution Number:    (3 digits)

or  Savings

Bank Account Number:

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

**4. Pre-Authorized Debit (PAD) Details** (Signatures are required by both account owners on joint accounts)

I/we authorize Kelowna Society for Christian Education (operating as Kelowna Christian School) to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my/our Kelowna Christian School account. Regular monthly tuition payments for the annual cost of personal education services (amount as calculated on the most current Enrollment Contract), will be debited to my/our account on the 1st day of each month or the next business day.

I/we may revoke this authorization at any time and it will remain in effect until I/we provide Kelowna Christian School written notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the school address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

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

**NOTE: Signatures are required by both account owners on joint accounts**

Signature of Bank Account Holder:

Signature of Joint Bank Account Holder (if applicable):

X \_\_\_\_\_

X \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_