

SURREY CHRISTIAN SCHOOL SOCIETY

**Finance Department,
8930 - 162 Street, Surrey, BC, V4N 3G1
Phone# 604-498-3233
www.surreychristian.com**

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR CHILDCARE FEES

Tuition payor's name & address:

(last name) *(first name)*

(house number) *(street)*

(city) *(province)* *(postal code)*

(phone number) *(email address)*

This payment is made on behalf of: an individual a business

Parent/Guardian name if different than above: _____

Name of student(s): _____

Status:

- New applicant, void cheque attached
- Change in banking information, void cheque attached

Payment will be withdrawn on the 1st of the month.

Payor's financial institution information:

Void cheque to be attached

Continued on reverse

Payee's Name and Address: Surrey Christian School Society
8930-162 Street,
Surrey, B.C. V4N 3G1

- I/We warrant that the provided information is accurate.
- I/We will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-Authorized Debit (the "PAD").
- I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: **Childcare at Surrey Christian School.**
- I will ensure funds are available for withdrawal on the due date.
- I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, Payor's Name, address and financial institution.
- I/We may cancel the Authorization at any time upon providing written notice of 30 days to the payee. I/We may obtain a cancellation form, or further information at my financial institution or by visiting www.cdnpay.ca
- I/We may dispute a PAD only under the following conditions:
 1. The PAD was not drawn in accordance with the Authorization. I/We have certain recourse rights if any debits do not comply with this agreement and have the right to reimbursement for any debit that is not authorized and is not consistent with this PAD agreement. I/We have certain recourse rights and can obtain more information on my recourse rights, by contacting my financial institution or visiting www.cdnpay.ca.
 2. The Authorization was revoked. In order to be reimbursed for a PAD in dispute, written notification must be received within one month of the posting of such PAD. I/We have certain recourse rights and can obtain more information on my recourse rights, by contacting my financial institution or visiting www.cdnpay.ca.
- The Payee may issue a PAD once a month on the 1st of each month in the amount indicated on the signed current Out of school care financial commitment form. Additional payments may be processed with prior verbal consent.
- Revocation of the Authorization does not terminate any contract for tuition that exists between me/us and the Payee. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.
- I/We consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing payments to the School.

I/we understand and accept the terms of participating in this plan.

Account Signature

(Print name)

Joint Account Signature (if applicable)

(Print name)

(Date)