

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION PURPOSES

SURREY CHRISTIAN SCHOOL SOCIETY

Finance Department, 8930 162 Street, Surrey, BC, V4N 3G1
604-498-3233 / accounting@surreychristian.com

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Surrey Christian School, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring tuition payments and/or one-time tuition payments from time to time, for payment of all charges arising under my/our Surrey Christian School account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st or 15th day of each month. Surrey Christian School will provide at least 30 days written notice of the amount of monthly withdrawal for the school year. Surrey Christian School will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Surrey Christian School has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the 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.payments.ca.

Surrey Christian School may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.payments.ca.

Tuition payor's name & address:

Date: _____

(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 tuition payor above: _____

Name of student(s): _____

I would like to pay the tuition:

monthly over 10 months (Sept-June)

monthly over 12 months (July-June)

in full for a 1.5% discount to be withdrawn on Friday of first week of school

in two installments to be withdrawn on Friday of first week of school and February 1st

Monthly payment to be withdrawn on:

1st or 15th

1st or 15th

By signing below:

1. I/we acknowledge my/our financial obligation to the school and will ensure that payments will be forwarded as per the current school year's tuition grid. If during the course of the school year I intend to withdraw my child I understand that I/we must give 1 month notice to the school at month-end or pay 1 month of tuition in lieu of notice.
2. I/we understand and accept the terms of participating in this pre-authorized debit plan.
3. If the pre-authorized debit is rejected by the school's financial institution, I/we understand that a \$50 NSF fee will be charged. If I/we put a stop payment on our pre-authorized debit without notifying the finance office, a \$20 administrative fee will be charged.

Authorized Signature(s): _____

PLEASE ATTACH VOID CHEQUE OR BANK ACCOUNT INFORMATION SHEET