



PRE-AUTHORIZED DEBIT AGREEMENT - BUSINESS

PLEASE PRINT (*Signing this form will be an acknowledgment of this agreement.*)

Student Name(s): _____

Account Holder(s) Name(s): _____

Contact information as per attached void cheque. Notification should be given of any address changes immediately.

Void cheque attached

Amount to withdraw: \$ _____ (refer to tuition grid)

Payment Options: Full Semi-annual Quarterly Monthly

Please check one of the following: 1st of the month 15th of the month

For monthly payment, please check one of the following: 10 payments 12 payments

Please check this box if you are changing the bank account already in our records

I/We, the Payer, authorize White Rock Christian Academy to debit my/our bank account of choice (attached void cheque) on the stated date every month.

I/We authorize White Rock Christian Academy to deduct \$400 on June 30th in lieu of unfulfilled 20 volunteer hours.

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this agreement, the Payer acknowledges having received and having read a copy of this agreement, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

AUTHORIZATION (If only one signature is required for the Account, then only one Payer need sign. If two or more signatures are required, then both or all Payers must sign.)

Account Holder's Signature

Date

Account Holder's Signature

Date

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable adjustments or tuition increases.

Account Holder's Signature

Account Holder's Signature

CANCELLATION OF PAYMENT (30 days' notice is required before the next PAD will be issued to accounts@wrca.ca). The above named account holder(s) are cancelling this PAD agreement effective: _____

I/We have certain recourse rights if any debt 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.