



PRE-AUTHORIZED DEBIT AGREEMENT

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

Student Name(s) and Grade(s): _____

Account Holder(s) Name(s): _____

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

Amount to withdraw for Tuition: \$ _____ (refer to invoice or current tuition grid)

Payment Options: _____ Full One-time Payment - September 15th

_____ Two Equal Payments (payments will be processed Sept. 15th and Jan. 15th)

_____ Monthly Payments (payments will be taken on 15th of the month for 10 months starting Sept.)

Please check this box if you are submitting this form to change the bank account already in our records:

_____(Initial) 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.

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

_____(Initial) I/We authorize White Rock Christian Academy to debit my/our bank account of choice for miscellaneous fees/charges associated with programs under the direction of White Rock Christian Academy (for example: Sports dues, Music/band dues, library dues, Mission & Service learning dues, etc). A one-time full payment will be taken for these fees/charges at least 2 weeks after the student is supplied with an invoice detailing the fee/charge. It is the students/parents obligation to notify the school if they do not wish the payment to be charged.

_____(Initial) 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.