



## 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 check attached  Contact information as per attached void check. \*Notification should be given of any address changes immediately.

**Tuition Payment Options:** \_\_\_\_\_ Full One-time Payment - September 15<sup>th</sup>  
\_\_\_\_\_ 10 Monthly Payments-payments will be taken on 15<sup>th</sup> of the month starting Sept.  
\_\_\_\_\_ 12 Monthly Payments-payments will be taken on 15<sup>th</sup> of the month starting Sept.

**Please check this box if you are submitting this form to change the bank account already in our records:**   
**Please place an X or check beside each statement.**

\_\_\_\_ I/We, the Payer, authorize White Rock Christian Academy ("WRCA") to debit my/our bank account for the enrollment fee of \$200 per student. This amount is non-refundable but will be applied as a credit towards tuition.  
\_\_\_\_ I/We authorize WRCA to debit my/our bank account for miscellaneous fees/charges associated with programs under the direction of WRCA (for example: Sports dues, Music/band dues, library dues, Mission & Service-learning dues, etc.). A payment will be taken for these fees/charges at least 2 weeks after the parent is supplied with an invoice detailing the fee/charge. It is the parents' obligation to notify the school if they do not wish the payment to be charged.

\_\_\_\_ I/We, the Payer, authorize WRCA to debit my/our bank account pursuant to the above selected tuition option pursuant to the tuition grid published by WRCA on their website.

\_\_\_\_ I/We authorize WRCA to deduct \$400 on June 30<sup>th</sup> 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*

**CANCELLATION OF PAYMENT:** cancellation of this PAD must be made in writing to WRCA.

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.