

Pre-Authorized Payment Authorization Form



Name(s): _____ Individual or Business (please circle)

Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Bank Number: _____

Transit Number: _____ Account Number: _____

I/We (the above named) authorize the Christian School Foundation to debit my/our account indicated above in the amount of \$ _____ on the 15th of each month until _____ unless I notify the Christian School Foundation in writing of cancellation.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Christian School Foundation as indicated and to debit the amount specified to my/our account.

I/we will notify the Christian School Foundation in writing if I/we move the account from one bank or branch to another or if there is any other changes in the account.

This authorization may be cancelled at any time upon written notice by me/us to the Christian School Foundation.

Any delivery of this authorization to the Christian School Foundation constitutes delivery by me/us to the Bank.

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 debit that is not authorized or is not consistent with this PAD Agreement. (To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.)

I/we am/are the person(s) who are required to sign on the above account.

Please attach a VOID check.

Designation: _____

Date: _____

Donor Signature: _____

Donor Signature: _____