



CASCADE
CHRISTIAN SCHOOL

**PRE-AUTHORIZED DEBIT
(PAD) AGREEMENT**

A. Family Information

Name: _____
 Address: _____
 Phone #: _____ Email: _____
 Payment is made by: _____ an Individual _____ a Business

Payment Options:

_____ Semi-Annual payments are to be taken September 1st and February 1st.
 _____ Monthly payments are to be taken on the **first (1st)** day of the month or the next business day.

Student's Name (Last, First)	Grade	Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Bank Account Information (Include a VOID cheque or equivalent banking information).

Financial Institution Name: _____
 Financial Institution Address: _____
 Branch # (5 digits): _____ Institution # (3 digits): _____
 Account # (max 12 digits): _____

C. Pre-Authorized Debit Details

I authorize Cascade Christian School Society (operating as Cascade Christian School) to debit the bank account identified above as per my instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my Cascade Christian School tuition account. Regular monthly tuition payments for the cost of personal education (as set out in the current Tuition Schedule & Policies document located on cascadechristian.ca), will be debited to my account on the 1st day of each month or the next business day (September to June). **I hereby waive the standard pre-notification period.**

I may revoke this authorization at any time and it will remain in effect until I provide Cascade Christian School Office notification of its change or termination. This notification must be received at the school address provided above no less than ten (10) business days before the next debit is scheduled. I may obtain more information on my rights to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca. Please contact the school office for all reimbursements.

Signature: _____ Date: _____