



**ORANGEVILLE CHRISTIAN SCHOOL
PRE-AUTHORIZED DEBIT AUTHORIZATION FORM**

Payor's name & address:

(last name)

(first name)

(house number)

(street)

(city)

(province)

(postal code)

(phone number)

(email address)

This payment is made on behalf of: an individual a business

Parent/Guardian name if different than above: _____

Monthly Payment Amount: _____

Payment to be withdrawn on the 1st of each month

Payor's financial institution information:

Void cheque to be attached

Payee's Name and Address: Orangeville Christian School Society
553281 County Road 16
Orangeville, Ont. L9W 2Z6

- I/We warrant that the provided information is accurate.
- I/We will inform the payee, in writing, of any change in the information provided in this section of the authorization 5 business days prior to the next due date of the Pre-Authorized Debit (the "PAD").
- I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits drawn on the Account, for the following purpose: Tuition or Donations to Orangeville Christian School.
- I will ensure funds are available for withdrawal on the due date.
- I/We consent to having the School collect personal information that may include names, addresses, telephone numbers, name of financial institution, bank account numbers and any similar information required for processing tuition payments. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of the School for the purpose of processing tuition payments to the School.

I/we understand and accept the terms of participating in this plan.

Account Signature

(Print name)

Joint Account Signature (if applicable)

(Print name)

(Date)