



CANADIAN REFORMED SCHOOL ASSOCIATION OF LANGLEY, BC

OPERATING

CREDO CHRISTIAN ELEMENTARY SCHOOL

&

CREDO CHRISTIAN HIGH SCHOOL



21919 52 Ave. Langley, BC V2Y 2M7

(604) 530-1131

cces@telus.net

Personal Pre-Authorized Debit (PAD) Agreement

I authorize the Canadian Reformed School Association of Langley, BC
(Credo Christian Schools):

- ◆ to debit the bank account identified below for the following monthly payment

Monthly Fees	2017/2018	<input checked="" type="checkbox"/>
Membership	\$ 125.00	<input type="checkbox"/>
Kindergarten (K)	\$ 320.00	<input type="checkbox"/>
Primary (Gr. 1-3)	\$ 530.00	<input type="checkbox"/>
Intermediate (Gr. 4-7)	\$ 550.00	<input type="checkbox"/>
Junior High (Gr. 8-10)	\$ 695.00	<input type="checkbox"/>
Senior High (Gr. 11-12)	\$ 745.00	<input type="checkbox"/>
International Student Surcharge ____ (# of students) x 315.00=		<input type="checkbox"/>
Non-member Regular Contribution (specify amount)		<input type="checkbox"/>
Other amount (please specify)		<input type="checkbox"/>
Day of Month to process debit (or next business day)	1 st <input type="checkbox"/>	20 th <input type="checkbox"/>

- ◆ to adjust the debit amount as my tuition category or tuition amount changes at the start of each school year beginning with the September payment.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre Authorized Debit (PAD) Agreement, I may contact my financial institution or visit 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Surname: _____

Given Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

Name and address of bank where account is held.

Bank Stamp

(Attach a void cheque or have your financial institution complete this section)

- ◆ It is important for you to notify the office as soon as possible if you change your financial institution or your account number.

Institution # _____

Branch/Transit # _____

Account # _____

The personal information on this form is collected for the purpose of electronically transferring funds from your personal financial institution account. The Canadian Reformed School Association of Langley, BC and Credo Christian Elementary School are committed to meeting the privacy standards established by British Columbia's Personal Information Protection Act (PIPA). The school's board approved policy with respect to PIPA is available upon request from the principal.