CHRISTIAN LIFE SCHOOL

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PRE-AUTHORIZED PAYMENT FORM 2026 - 2027

FAMILY NAME: _____

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

HERE'S HOW PRE-AUTHORIZED PAYMENTS WORK:

You authorize regularly scheduled charges to your chequing/savings account by Pre-Authorized Debit (PAD). You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as a "PAD Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Any pre-authorized debit transaction being rejected due to NSF will be charged a $30 NSF processing fee.

PLEASE COMPLETE THE INFROMATION BELOW:

I, _____ authorize **Christian Life School** to begin deductions as per my/our instructions from my/our bank account covering payments due by the undersigned to **Christian Life School** for **tuition** and **High School fee** for the **2026 - 2027** school year as indicated below for $_____ (enter total tuition amount).

PLEASE CHOOSE ONE OF THE FOLLOWING PRE-AUTHORIZED DEBIT PAYMENT OPTIONS

☐ One-time payment for full amount of $_____ (enter amount).

☐ $_____ (enter amount) a month over 10 months (Sept 1st / 21st, 2026 to June 1st / 21st, 2027)

☐ $_____ (enter amount) a month over 12 months (July 1st / 21st, 2026 to June 1st / 21st, 2027)

Please check 1st or 21st to indicate what day of the month you would like your payment withdrawaled.

☐ 1st of the month. ☐ 21st of the month.

Email: Phone:

Chequing / Savings Account

☐ Chequing ☐ Savings

Name on Account: _____

Bank Name: _____

Bank Transit #: _____

Financial Institute #: _____

Account Number: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Christian Life School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. Any changes do not affect the tuition due, and I will make new payment arrangements. I can find information on cancellation and recourse rights or sample forms at financial institutions or the CPA's website: www.cdnpay.ca. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This is a Personal PAD (Pre-authorized debit). For PAD to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a PAD Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Christian Life School may at its discretion attempt to process the charge again within 30 days, and agree to an additional $30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I have certain recourse rights if any debit does not comply with this agreement, and will contact my financial institution and/or visit www.cdnpay.ca

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____