



410 North Scugog Court, Bowmanville, ON L1C 6T1
 905-623-5871
 office@knoxchristian.com
 knoxchristian.com

WE ARE A COMMUNITY OF LEARNERS WHO LOVE GOD AND SERVE OTHERS



Knox Christian School Society (KCSS) now has the option for you to pay your tuition using Pre-authorized Debit (PAD) through CIBC. In order to do this we need this form completed and signed along with a VOID cheque. If you do not have a cheque, please obtain a direct deposit notification form from your bank. If you have any questions please contact finance@knoxchristian.com.

I/we authorize Knox Christian School Society and CIBC to begin deductions as per my instructions for monthly recurring payments and/or one time payments, for payments of charges arising under my/our KCSS account. Regular monthly payments will be debited on the 15th day of each month.

This authority is to remain in effect until KCSS has received written notification from you of its change or termination. This notification must be received at least fifteen (15) days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, you may contact your financial institution or by visiting www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 right, you may contact your financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s) _____

These services are for (please **x** appropriate classification) ___ Personal ___ Business

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number:(Home) _____ (Cell.) _____

(Bus.) _____ (Ext.) _____

Financial Institution (FI) _____

FI Account Number: _____ FI Transit Number: _____ - _____

(Branch-5 digits; FI-3 digits)

Address: _____

City/Town _____ Prov: _____ Postal Code: _____

Authorized signature(s): _____

I authorize Knox Christian School to debit my account (please **X** appropriate payment schedule):
 ___ **Annually** - One Payment Oct 15, 2023 ___ **Semi-annually:** Sept 15, 2023 & Feb 15, 2024
 ___ **10 months:** 1/10th on the 15th of each month September 2023 to June 2024
 ___ **12 months:** 1/12 on the 15th of each month August 2023 to July 2024