



Pre-Authorized Debit Form

I, _____ agree to have \$_____ withdrawn from my account as indicated below on the ___ 1st or the ___ 20th business day of each month by Unity Christian High School. I certify that I am named on the account listed below and have authority to approve transactions.

This withdrawal will start on _____ and finish on _____.

The reason for this Pre-Authorized Debit agreement is:

Tuition _____ Donation _____ Other _____

Should you decide to cancel this agreement, please give two weeks written notice to Unity Christian High School. Please forward your correspondence to Karin Watson, kwatson@unitychristianhigh.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 rights, contact your financial institution or visit www.cdnpay.ca.

Name: _____

Address: _____

Phone: _____

Email: _____

Financial Institution Information

Bank Name: _____

Transit #: _____

Account #: _____

Type of Service: Personal

Date

Signature