

Sudbury Christian Schools Inc.
 o/a Sudbury Christian Academy
 1096 Dublin Street
 Sudbury, ON P3A 1R6
 705-522-1649



1. Customer Information (please print clearly):

Name		
Street address		
City	Province	Postal code
Email address		Phone number

2. Bank Account Information:

Financial Institution Name	Financial Institution Number (3 digits)
Branch address	Branch Transit Number
Deposit account number	Type of account (circle one) Chequing / Savings

3. Pre-Authorized Debit (PAD) Details:

I, the Payor, authorize Sudbury Christian Schools Inc. to debit the bank account identified above for \$_____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (circle one) **personal / business** use.

I, the Payor, 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 PAD Agreement, I understand that I must contact my financial institution or visit www.payments.ca

I understand that 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.payments.ca

Signature of account holder	Signature of joint account holder (if applicable)
Name (please print)	Name (please print)
Date	Date