



Woodstock Christian School
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Woodstock, ON N4S 0A8
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www.woodstockchristian.ca

Please complete the Personal Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorize Woodstock Christian School, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Woodstock Christian School account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Woodstock Christian School will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until WOODSTOCK CHRISTIAN SCHOOL has received written notification from me/us of its change or termination with my/our account being paid in full or with alternate arrangements of payment being made.

You, the Payer, may revoke your authorization at any time by contacting the Finance office at finance@woodstockchristian.ca. This notification must be received at least ten (10) business 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, contact your financial institution or visit www.cdnpay.ca.

WOODSTOCK CHRISTIAN SCHOOL may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement; I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

Name(s): _____
Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone Number: (Bus.) _____ (Res.) _____

Financial Institution Name: _____

****PLEASE ATTACH A BANK PRINTOUT OF YOUR INFORMATION OR A VOID CHEQUE****

Total Donation Pledged: _____

PLEASE DEBIT MY BANK ACCOUNT \$ _____ for the next _____ months ending _____

Authorized Signature(s): _____

Dated: _____