



**PRE-AUTHORIZED DEBIT
AUTHORIZATION FORM**

Account Holders Information (please list all names on the account):

Account Holder: _____
Legal Last Name
Legal First Name
Legal Middle Name
Usual First Name (if different from legal)

Account Holder: _____
Legal Last Name
Legal First Name
Legal Middle Name
Usual First Name (if different from legal)

Address: _____
Street
City
Postal Code

Family Phone #: _____ Cell #: _____

Email: _____

Student(s) Name, and Address (if different from above): Same address as above

1) _____
Last Name
Usual First Name
Last Name
Usual First Name

3) _____
Last Name
Usual First Name
Last Name
Usual First Name

Address: _____
Street
City
Postal Code

Payment Details: ATTACH A "VOID" CHEQUE

Amount of Payment	Scheduled Payment Date
MONTHLY AMOUNT BASED ON APPLICABLE SCHOOL YEAR'S TUITION RATE	1 ST OF EACH MONTH DURING APPLICABLE SCHOOL YEAR

Bank Account Number – Office Use Only

Institution	Branch I.D.	Account Number
0		

Financial Institution Name & Address:

Authorization:

I/we authorize Hope Lutheran 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 agreement with Hope Lutheran School. Regular monthly payments for the amount stated above will be debited to my/our specified account on the payment schedule outlined above. Hope Lutheran School will provide 10 days written notice of the amount of each regular debit. Hope Lutheran School will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Hope Lutheran School has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Hope Lutheran 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. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Hope Lutheran School
 3151 York Street, Port Coquitlam, B.C. V3B 4A7
 604-942-5322

Account Holder's Signature: _____ Account Holder's Signature: _____

Date: ____/____/____
Year
Month
Day

- **Note:** If only one signature is required for the account, only that individual needs to sign. If two or more signatures are required on the account, both or all must sign.
- **Note:** Charitable donation receipts, if applicable, will only be issued in the name(s) of the account holder(s) listed.