



Canadian Reformed School Society
Of Smithville and Surrounding District
320 Station Street, P.O. Box 280, Smithville, ON L0R 2A0
Phone:(905) 957-2341 Fax: (905) 957-2342

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS FOR TUITION OR DONATION
PURPOSES TO THE JOHN CALVIN SCHOOL SMITHVILLE (JCS)**

Name: _____

Address: _____

City: _____ Postal Code: _____

- 1) I/We have attached a cheque marked "VOID" for authorization.
- 2) I/We will inform JCS, in writing, of any change of information provided for Authorization, prior to the next due date of the Pre-Authorized Debits.
- 3) I/We hereby authorize JCS to issue Pre-Authorized Debits drawn from my/our account, on the first of the month, for one of the following purposes: (Circle one)

Tuition Payment

Donation

This donation/tuition payment is made on behalf of: _____an individual _____a business

4) I/We agree to a Pre-Authorized Debit in the amount of \$ _____ on the **1st** day of each month.

5) I/We may cancel this authorization at any time, providing written notice to JCS treasurer.
(To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca)

(Authorized Signature) _____ Date _____

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 debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Please return the completed form to the Treasurer or your local Finance Committee Member

Grassie – Chris Ravensbergen
Smithville – Henry Dekker
Spring Creek – Greg Donker
Lincoln – Brian VanLuik
Treasurer – Dan Huizinga