

PRE-AUTHORIZED WITHDRAWAL FORM

TIMOTHY CHRISTIAN SCHOOL, BARRIE



New Enrollment: _____ Renewal: _____ (We authorize TCS to use Bank info on File)

| | | |
|-----------------|------------------|---------------------|
| NAME(S): | | |
| ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |

*** ATTACH VOID CHEQUE FOR ALL NEW ENROLLMENTS OR TO CHANGE BANK INFO ON FILE.**

I/We authorize TIMOTHY CHRISTIAN SCHOOL, BARRIE to debit my/ our account for the total amount of tuition due for the 2016/17 school year:

Total Amount of Tuition Due for 2016/17: _____

Check One: **10 Equal Monthly Payments Beginning Sept 1, 2016** _____ Last Payment will process June 1
 12 Equal Monthly Payments Beginning Aug. 1, 2016 _____ Last Payment will process July 1

I understand FINAL Payment made be adjusted to ensure balance is paid in FULL. _____ (Initial)

We may cancel this payment plan at anytime by providing no less than 2 weeks written notice.

- Each payment shall be the same if I/we had personally issued a cheque authorizing the Bank to pay "Timothy Christian School" as indicated and to debit the amount specified to my/our account.
- I/we will notify TCS - in writing if I/we move the account from one bank or branch to another OR if there is any other change in the account.
- I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.
- I understand that I may cancel this Pre-Authorized withdrawal at any time by providing Timothy Christian School with a minimum of 2 weeks *written* notice of my intent to cancel.
- I understand that I am responsible for all fees incurred by Timothy Christian School as a result of "Non Sufficient Funds" (NSF) and authorize Timothy to add any incurred fees to my final payment.
- Any delivery of this authorization to TIMOTHY CHRISTIAN SCHOOL, BARRIE constitutes delivery by me/us to the Bank.

I agree to the above terms. I am/We are the person(s) who is authorized to sign on the above account:

| | | |
|------|-----------------------|--|
| Date | DONOR'S SIGNATURE (1) | |
| Date | DONOR'S SIGNATURE (2) | |

Note: Completed Pre-Authorization Form must be received at LEAST 2 weeks PRIOR to first payment to allow for payment plan set up.