



Authorization Agreement For Direct Payments (Pre-Authorized Debits)

Educating and equipping discerning disciples of Jesus Christ for restorative work in His kingdom

1) Customer Name and Address (please print)

Mr. / Mrs. / Ms. / Miss

Given Name(s)

Surname

Street Address

City

Province, Postal Code

Home Telephone

Email Address

Cell Phone

2) Payee Name and Address

CEDARS CHRISTIAN SCHOOL
701 North Nechako Road, Prince George, BC V2K 1A2
(250) 564-0707

3) Banking Information

Please attach a "VOID" cheque or complete the banking information below

Name of Financial Institution: _____

Address of your Branch: _____

Transit Number: _ _ _ _ _

Institution Number: _ _ _

Account: _____

4) Authorization *(please read and sign below)*

- I (we) hereby authorize Cedars Christian School, hereinafter called CEDARS, to initiate debit entries to my (our) *(please select one)* ___ **Chequing** / ___ **Savings** account at the financial institution as indicated above, hereinafter called the Bank, and to debit the same to such account

- Cedars may debit my account **once / twice** *(please select one)* a month in the dollar amount of \$ _____ on the **1st / 15th** *(please select one)* of each month from (mm/yy) ____ / ____ to ____ / ____.

- I (we) will inform Cedars, in writing, of any change in the information provided in this Authorization prior to the next due date of the Pre-Authorized Debit.

- I (we) acknowledge that the Authorization is provided for the benefit of Cedars and our Bank and provided in consideration of our Bank agreeing to process debits against my (our) account, as listed above in accordance with the Rules of the Canadian Payments Association.

- I (we) warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the above-mentioned account have signed the Authorization below.

- I (we) may cancel this Authorization at any time, upon providing written notice to Cedars.

- I (we) acknowledge that provision and delivery of the signed Authorization to Cedars constitutes delivery by us to our Bank. Any delivery of the signed Authorization to Cedars, regardless of the method, constitutes delivery by me (us).

- I (we) acknowledge that our Bank is not required to verify that a Pre-Authorized Debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the Pre-Authorized Debit was issued has fulfilled by Cedars as a condition to honouring a Pre-Authorized Debit issued or caused to be issued by Cedars on the above-mentioned account.

- Revocation of the Authorization applies only to the method of payment between me (us) and Cedars.

- I (we) may dispute a Pre-Authorized Debit only under the following conditions:
 - a) The Pre-Authorized Debit was not drawn in accordance with the Authorization; or
 - b) The Authorization was revoked.

- I (we) agree that the information contained in this Authorization may be disclosed to the Royal Bank of Canada as required to complete any Pre-Authorized Debit transaction.

- I (we) understand that my (our) personal information, as contained in this Authorization, will be kept secure under the laws of British Columbia Privacy of Information Act.

- I (we) understand and accept the terms of participating in this Pre-Authorized Debit plan.

Signed this _____ day of _____, 20_____.

Name (Print)

Name (Print)

Signature

Signature