

FORT MCMURRAY CHRISTIAN SCHOOL SOCIETY
PROGRAM FEE PAYMENT FORM

PRE-AUTHORIZED DEBIT

Name of Payer:

Name on Account (if different than payer):

I authorize Fort McMurray Christian School Society to electronically withdraw funds from my bank account for Christian programming fees in the amount of \$ _____ each and every month beginning November 2021 – June 2022.

15th day of the month **or** Last day of the month

****Fill out this form and attach image of your VOID cheque****

Terms and Conditions: If a payer changes bank accounts or wishes to amend this agreement, it is the responsibility of the payer to inform the FORT MCMURRAY CHRISTIAN SCHOOL SOCIETY in writing **at least 30 days in advance of the next pre-authorized debit.**

Signature:

Date:

Recurring Authorization

I permit the FORT MCMURRAY CHRISTIAN SCHOOL SOCIETY to retain the above information to be used until such a time that my child(ren) no longer attend FORT MCMURRAY CHRISTIAN SCHOOL. I understand that by signing below I am approving that my fees, as agreed upon in the Society Registration Form, will be automatically enrolled into the same payment program selected above, each year. Changes to the payment amount noted above will require a new form to be completed.

****Next school year and subsequently, funds will be deducted each month beginning September - June***

Name of Payer:

Signature:

CREDIT CARD PAYMENT

Name on Credit Card:

Name on Account: (if different than payer)

Credit Card Number:

Expiry Date:

CVV:

I authorize Fort McMurray Christian School Society to charge my Credit Card a **one time payment** totalling \$ _____ for my *yearly* Christian Programming Fees, upon receipt of this form.

Name of Payer:

Date:

Signature: