

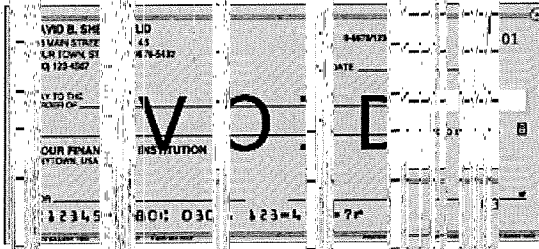
Pre-authorized Debit Agreement

1. **Information (Please Print Clearly)**

Name: _____
 Street: _____
 City: _____
 Telephone: _____
 Province: _____ Postal Code: _____
 Evenings: _____

2. **Bank Information**

Bank Name: _____
 Branch Name: _____
 Branch Address: _____
 Branch Telephone: _____
 Bank Account Number: _____
 Debit Card Number: _____



3. **Payment Frequency** (Check One)

1st 15th

4. **Debit (PAD) Details**

I/we authorize _____ (swap Christian Education Society (operating as King's Christian School)) to debit the bank above per month our instructions for monthly recurring payments and/or one-time payments for payment of tuition and other related fees under my/our King's Christian School monthly tuition payments for the annual cost of optional education service (amount as most current tuition schedule), will be debited to my/our account on either the 1st or 15th of the next business day.

This authorization is in full force and effect until I/we provide written notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled.

I/we acknowledge that I/we have the right to stop payment on any debit that is not authorized or is not consistent with this PAD.

Signature of Account Holder: _____
 Name: _____
 Date: _____