Leduc Society for Christian Education
Covenant Christian School
49257 Range Road 250 Leduc County, AB T4X 2T6
Phone: 780-986-8353 Fax: 780-986-8360
ccs.blackgold.ca

Pre-Authorized Debit (PAD) Agreement

Member Information

Name: _____ Telephone: (_____)_____

Address: _____

Pre-Authorized Debit (PAD) Details

I/We authorize the **Leduc Society for Christian Education** to set up new pre-authorized debit transactions for the following:

Payment amount: Payment Start Date:

Payments to be made on the ☐ 10th ☐ 25th *(please check one)* day of each and every consecutive month.

These services are for *(check one)*: ☐ personal use ☐ business use.

Signature: _____ Date: _____

*This authority is to remain in effect until **Leduc Society for Christian Education** has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.*

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse right, I may contact my financial institution or visit www.cdn.pay.ca.

Please complete the following information OR attach a voided cheque.

Transit No. Inst. No. (Route) Account No.

Name of Financial Institution: _____

Branch Address: _____

Please return completed form and voided cheque (if applicable) to:

Leduc Society for Christian Education/Covenant Christian School
49257 Range Road 250, Leduc County, AB T4X 2T6
Phone: 780-986-8353
E-Mail:lisa.gatzke.lsce@gmail.com