

Family Information

Name of Parent(s) _____

Telephone _____ Email _____

Address _____ City _____ Postal Code _____

Student Name _____ Grade _____ Sept. 2023 other

Student Name _____ Grade _____ Sept. 2023 other

Rates

Rate Schedule	One Child	Two Children	Three Children
Tuition	\$18,600	\$28,300	\$33,000
Transportation	\$2,500	\$5,000	\$5,000

Notes

- Rates include the use of all required textbooks and classroom resources.
- Prior to enrolment, new families are required to contribute a \$5,500 levy to the capital fund. This is fully tax receiptable.
- This agreement assumes enrolment until graduation unless we are notified otherwise. Students who are not planning to return the following September should notify the school no later than May 15th. For information concerning tuition refunds, please refer to www.kingschristian.ca/admissions/application.
- King's Christian Collegiate is a registered charity. The tuition payment attracts a partial donation receipt which can be submitted to Revenue Canada. For one child, the recoverable tax is approximately \$4,500; for two children, the recoverable amount is approximately \$2,000 for both children.
- Financial assistance is available to families for whom tuition expenses are onerous and / or where other children are attending private Christian schools. Please enquire through the Director of Admissions. The bursary application process is simple and confidential.

Tuition (as per schedule) _____

Transportation _____

Capital Levy (new families) **\$5,500.00**

Annual Membership Fee 22/23 **\$400.00**

Annual Membership Fee 23/24 **\$400.00**

Total: _____

The Capital Levy and Membership Fees are to be included with your application for admission.

Signature _____

Date _____

PLEASE CHECK (✓) CHOICE OF PAYMENT:

- One cheque dated July 1, 2023 for the full amount.
- Two post-dated cheques, equally divided, payable on July 1, 2023 and December 1, 2023.
- Twelve pre-authorized payments equally divided and withdrawn automatically through our financial institution, **CIBC**, payable the first day of each month beginning **July 1, 2023**. Please attach a **void cheque** and pre-authorized payment form.

Pre-Authorized Debit (PAD) Agreement

This PAD agreement authorizes **King's Christian Collegiate** and the financial institution designated to debit the bank account identified for all charges arising under my/our Tuition Agreement or with King's Christian Collegiate. The amount of these variable charges will be debited to my/our bank account on or after _____.

I/we waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAP due to an adjustment to the tuition rate, transportation charges or membership fees.

This authority is to remain in effect until King's Christian Collegiate has received written notification from me/us of its change or termination whereby 30 days notice is given. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca

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

DATE: _____	Type of Service: Personal
Name (s): _____	
Address: _____	
City/Town: _____	Province: _____ Postal Code: _____
Financial Institution: _____	
Bank Account Number: _____	Transit Number: _____
Address: _____	
City/Town: _____	Province: _____ Postal Code: _____
Authorized Signature (s): _____	

Please attach a copy of a void cheque and submit to:

**King's Christian Collegiate
528 Burnhamthorpe Road West
Oakville, Ontario L6M 4K6
Attention: Accounting Department**

TERMS AND CONDITIONS

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1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAP.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAP is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.cdnpay.ca. I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAP, I/we can contact the Payee at the telephone number or address set out in this Agreement.
5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PAPs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAP will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
 - (a) with respect to fixed amount business or personal PAPs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAP, and such notice will be received every time there is a change in the amount or the payment date(s); or
 - (b) with respect to variable amount business or personal PAPs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAP; or
 - (c) with respect to business, personal or funds transfer PAPs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAP which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAP decreases as a result of a reduction in municipal, provincial, or federal tax. Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.
8. If this Authorization provides for PAPs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAP prior to the PAP being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAP has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAP was issued has been fulfilled by Payee as a condition to honouring a PAP issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PAPs or for funds transfer PAPs that have recourse through the clearing system, a PAP may be disputed but only under the following conditions:
 - (a) the PAP was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) pre-notification was required and was not received. I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAP or a funds transfer PAP that has recourse through the clearing system or, in the case of a business PAP, on or before the 10th business day, in each case after the date on which the PAP in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PAPs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAP is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAP that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca.
15. I/We acknowledge that I/we understand that I/we are participating in a PAP plan established by Payee and I/we accept participation in the PAP plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.