



Sudbury Christian Schools Inc. Automatic Payment Agreement

Personal Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Bank Information:

Name of Bank: _____

Address: _____

Bank Account #: _____

Name(s) on Account: _____

Monthly tuition payments will be withdrawn on the 15th of the month (or the next working day after the 15th).

Monthly tuition amount to be withdrawn beginning August 15 = _____

I hereby authorize Sudbury Christian Schools, Inc. to process this tuition payment as indicated above. It is to remain in effect until I give 14 days' notification to terminate this option. (Please note that a void blank cheque is required to process the automatic payment option.)

Important note: An administrative fee of \$25.00 will apply in the case of NSF payments.

Signature: _____ Date: _____