



Recurring Payment Authorization Form

You authorize regularly scheduled payments, as charges to your credit card or debits from your bank account. You will be charged/debited the amount indicated below in each billing period. The transaction will appear on your credit card or bank statement.

Payer Information (required for tax receipting)

First Name (Given):	Last Name (Surname):	Middle Initial:	
Address:	City:	Prov:	PC:
Email Address:			

I/we authorize Saskatoon Society for Christian Education, Inc. (SSCE) to:

<input type="checkbox"/> charge the credit card indicated below for	OR	<input type="checkbox"/> charge the bank account indicated below for
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MONTHLY Payments

Continuous monthly payments of \$ _____ to be charged on the	<input type="checkbox"/> 1st	<input type="checkbox"/> 15th
of each month until I/we cancel this authorization with an official withdrawal of my/our child(ren).		

ANNUAL Payments

Continuous annual payments of \$ _____ to be charged on	<input type="checkbox"/> June 1	<input type="checkbox"/> June 15
of each year until I/we cancel this authorization with an official withdrawal of my/our child(ren).		

Credit Card Information *I certify that I am an authorized user of this credit card. Payment schedule dates must be within the credit card expiration date.		
Cardholder Name: (if different)		
Credit Card Number:	Expiration Date*: /	CVV:

Bank Account (Pre-Authorized Debit)		
<input type="checkbox"/> Void Cheque Attached	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Account

Payment Classification		
<input type="checkbox"/> Tuition	<input type="checkbox"/> Donation Specify Fund:	<input type="checkbox"/> Other Specify:

I understand this authorization will remain in effect until I cancel it in writing. For tuition payments, I understand and agree that the payment amount is subject to change when the school's annual tuition schedule changes.

I agree to notify SSCE in writing of any changes to my credit card or bank account information. Notice of termination of this authorization must be provided at least 15 days prior to the next processing date. If a payment date falls on a weekend or holiday, I understand the payment may be executed on the next business day. I will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

Signature:	Date:
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