

WEST HIGHLAND BAPTIST CHURCH

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westhighland@westhighland.org



PRE-AUTHORIZED LESSON PAYMENTS for West Highland Academy of Music

If you would like to use this convenient method of making a payment once a month, please complete this application form and put in the Academy of Music mailbox in the foyer, or submit it to the Office or Don Crowder (Director of Administration).

Payment Receipt is to be issued to: (Please Print)	Choose your payment option:
_____ Name	1. Your Banking Information
_____ Street Address	_____ Name of Bank
_____ City, Province, Postal Code	_____ Route and Transit Number
_____ Phone Number	_____ Bank Account Number
	*** PLEASE ATTACH A VOID CHEQUE IF PAYING BY DIRECT BANK DEBIT
2. Your Credit Card Information	
___ VISA ___ MASTERCARD Number _____ Expiry Date: _____	

*** NOTE – If paying by pre-authorized payments monthly or by the term, written notice of withdrawal from the lessons must be received before the 25th of the month in order to suspend payment for the following month.

Payment will be deducted on the first day of each month. There will be no deductions in December, June, July, and August

\$ _____ /monthly **Starting date Sept. 1**

I 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 this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I/We authorize **West Highland Fellowship Baptist Church** to withdraw the above amount from my/our bank account, (Include both signatures if your bank account is a joint account or requires two signatures), or to charge the above amount to my/our credit card as indicated above.

Signature _____ Date _____

Signature _____