



FREDERICTON CHRISTIAN ACADEMY

REQUEST FOR DIRECT WITHDRAWAL OF TUITION FEES

**** PLEASE PRINT ****

**** RETURN COMPLETED FORM WITH A VOIDED CHEQUE ****

PARENT'S NAME			
First	Middle Initial	Last	Number of students in Kindergarten
			Number of students in Grades 1-12

I authorize the Fredericton Christian Academy, Royal Bank to debit my account on the date of each month indicated below, for the amount indicated below and also give authorization to the Fredericton Christian Academy to collect any charges due for returned items, which are currently \$25.00 per item. This authority will remain in effect until I give written notice to cancel it. I further understand that all changes of status to this agreement take up to 10 days to be processed.

PERSONAL INFORMATION			
Street Address			
City/Town			
Postal Code			
Phone #			
Email Address			
BANKING INFORMATION			
Name of Bank			
Bank Address			
Transit #		Bank #	
Account #			
Amount \$\$	Date of the month to debit account		1st or 15th (Circle one date)

YOUR NAME
123 ANY STREET
YOUR TOWN, PROVINCE M4P 1V5

DATE Y Y Y Y M M D D

PAY TO THE ORDER OF \$

YOUR FINANCIAL INSTITUTION
456 MAIN STREET
YOUR TOWN, PROVINCE L1L 1L1

MEMO

110011 1234567812 23456789

Cheque # Transit # Bank # Account #

Signature: _____

Date: _____

2019-2020 Grades K-12 Annual Tuition fees:

Kindergarten: \$3228.

1st child \$4860.

2nd child \$3696.

3rd & Subsequent Children \$2988.

Please check with office to confirm payment amount.

Please attach VOIDED cheque here!