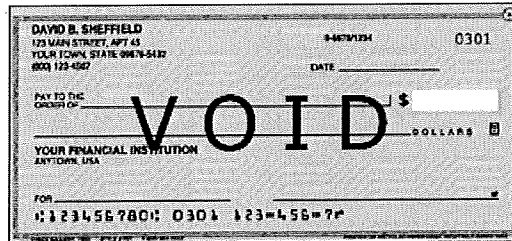


1. Customer Information (Please Print Clearly)

Names(s): _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Daytime: _____ Evenings: _____

2. Bank Account Information

Please attach a void cheque:



3. Date of Withdrawal (Check One)

1st

15th

4. Pre-Authorized Debit (PAD) Details

I/we authorize Shuswap Christian Education Society (operating as King's Christian School) to debit the bank account identified above per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my/our King's Christian School account. Regular monthly tuition payments for the annual cost of personal education services (amount as calculated on the most current Tuition Schedule), will be debited to my/our account on either the 1st or 15th day of each month or the next business day.

I/we may revoke this authorization at any time and it will remain in effect until I/we provide King's Christian School written notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled.

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 PAD that is not authorized or is not consistent with this PAD Agreement.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____

Name: _____

Date: _____

Date: _____