

# WEST HIGHLAND BAPTIST CHURCH

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## 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).

<b>Payment Receipt is to be issued to:</b> (Please Print)	<b>Choose your payment option:</b>
_____ Name	<b>1. Your Banking Information</b>
_____ Street Address	_____ Name of Bank
_____ City, Province, Postal Code	_____ Route and Transit Number
_____ Phone Number	_____ Bank Account Number
	<b>*** PLEASE ATTACH A VOID CHEQUE IF PAYING BY DIRECT BANK DEBIT</b>
<b>2. Your Credit Card Information</b>	
<input type="checkbox"/> VISA <input type="checkbox"/> 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 25<sup>th</sup> 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](http://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 \_\_\_\_\_