



Pre-Authorized Payment Form

This authorization from the Parent/Guardian (Payor) to the Fort McMurray Public Schools (Payee) allows the Fort McMurray Public Schools to directly debit the Parent/Guardian’s credit card for payment of the following:

ECDP Fees Transportation Fees Other fees: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Student Name: _____ Student # _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Credit Card

I/We authorize the Fort McMurray Public Schools to debit my credit card with the following amount \$ _____ every month until such time as the fee is fully of \$ _____ is settled.

VISA / MasterCard / AMEX: Card Holder’s name: _____

Credit Card No: _____ Expiry Date: _____

Card Holder’s Signature: _____ Date Signed: _____

The Fort McMurray Public Schools, as Payee, shall provide to you, the Payor, at least 10 calendar days’ notice of any change in the amount to be debited from your card. Funds will generally be debited on the 1st day of each month; however, occasionally it may be delayed due to statutory holidays or unforeseen circumstances. At such times it will be processed at the earliest possible date.

I/we may revoke this authorization at any time in writing or by phone, subject to providing notice of at least ten (10) business days.

I/we understand that if I/we cancel this authorization, it does not mean that our obligation to the Fort McMurray Public schools have ended.

An administration charge of \$25.00 will be applied to any declined credit cards or pre-authorized payment charge backs.

By signing below, you agree to these terms and conditions.

Date

Full Name (as per credit card)

Signature

Witness