



_____Year

WITHDRAWAL POLICY: If you choose to withdraw your child during the school year, you must provide NCM with a two lesson notice.

CREDIT CARD PAYMENTS: There will be a \$2.25 fee added to all payments made by credit card & debit card.

AUTHORIZATION: I (we) hereby authorize, Nanaimo Conservatory of Music, hereinafter called NCM, to initiate payments from my (our) **Credit Card, Bank Account** at the financial institution as indicated below, hereinafter called the Bank.

- I (we) will inform NCM, in writing, of any change in the information provided in this Authorization prior to the 15th of the month.
- I (we) acknowledge that the Authorization is provided for the benefit of NCM and our Bank and provided in consideration of our Bank agreeing to process debits against my (our) account, as listed above in accordance with the Rules of the Canadian Payments Association.
- I (we) warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the above mentioned account have signed the Authorization below.
- I (we) authorize NCM to issue Pre-Authorized Debits drawn on the account for the purpose of tuition payments or donation.
- I (we) may cancel this Authorization at any time, upon providing written notice to NCM .
- I (we) acknowledge that provision and delivery of the signed Authorization to NCM constitutes delivery by us to our Bank. Any delivery of the signed Authorization to NCM, regardless of the method, constitutes delivery by me (us).
- I (we) acknowledge that our Bank is not required to verify that a Pre-Authorized Debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the Pre-Authorized Debit was issued has fulfilled by NCM as a condition to honoring a Pre-Authorized Debit issued or caused to be issued by NCM on the above mentioned account.
- Revocation of the Authorization applies only to the method of payment between me (us) and NCM .
- I (we) may dispute a Pre-Authorized Debit only under the following conditions:
 - a) The Pre-Authorized Debit was not drawn in accordance with the Authorization; or
 - b) The Authorization was revoked.
- I (we) agree that the information contained in this Authorization may be disclosed to CCCU OR Royal Bank as required to complete any Pre-Authorized Debit transaction.
- Payments are for a 10 (ten) month period unless other arrangements have been made. Payments will continue after the 10 (ten) months until account is paid in full.
- I (we) understand that my (our) personal information, as contained in this Authorization, will be kept secure under the laws of the British Columbia Privacy of Information Act.
- I (we) understand and accept the terms of participating in this Pre-Authorized Debit plan.

I, _____, promise to pay the amount of _____ for the year. We promise to continue payments extending beyond our children's attendance at NCM until the obligation is paid in full.

Applicant's
Signature(s): _____



PAYOR INFORMATION *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	Email Address:

Please choose from the following payment options:

- Pre-Authorized Debit from chequing account (complete below)
- Visa/Master Card Automatic Debit (complete below) **(\$2.25 Finance Fee on all credit card transactions)**

CREDIT CARD INFORMATION *(Please type or print clearly)*

Credit Card Number	Expiry Date	CVV
Name of Credit Card Holder		
Card Holders Signature		

OR

PAD FINANCIAL INSTITUTION/BANKING INFORMATION

*****Please attach a VOID cheque*****

Signature of Account Holder (PAD Authorization)	Date of Signature	Date of Withdrawal 30 th of each month or the last Friday of the month.
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Monthly Tuition \$ _____
 Band Instrument Rental Monthly Amount \$ _____

TOTAL MONTHLY AMOUNT \$ _____