

GIFT CARD STANDING ORDER FORM 2017-18

To make this order a REGULAR PART OF YOUR BUDGETTING AND BENEFIT TCS check below:

Order frequency (Choose One)

I would like this to be a monthly order payable on the 1st of each month (Oct. 1/17—June 1'18)
 15th of each month (Sept. 15'17-June 15'17)

I would like this to be a bi-monthly order payable on the 1st and 15th of each month (Sept. 15'17-June 15'17)

Please complete Attached Pre-Authorized Debit Form

Delivery Information (Choose one)

Please hold my order for pick up at the TCS Office

Please send my order home with: _____

I will not hold TCS responsible for lost or stolen cards.

Authorized Signature: _____ Date: _____

Name: _____ Phone Number: _____

Retailer	Denominations Available	Denominations Required	Quantity	Total
GROCERIES Metro/Food Basics	\$25/50/100/250			
No Frills/Independent	\$25/50/100/250			
Sobey's/Price Chopper/Foodland/ FreshCo	\$25/50/100/250			
Walmart	\$25/50/100			
M&M Meat Shop	\$25/50/100/250			
Giant Tiger	\$25/50/100			
GASOLINE Esso	\$25/50/100			
Ultramar	\$25/50/100			
Petro-Canada	\$25/50/100			
Pioneer	\$25/50/100			
Shell	\$25/50/100			
Canadian Tire (Store and gas bar)	\$10/25/50/100			
COFFEE & RESTAURANTS Tim Hortons	\$5/10/25/50			
Starbucks	\$5/10/25			
Ultimate Dining Card (Harvey's/Kelsey's/Milestones/ Swiss Chalet/Montana's/East Side Mario's)	\$10/25/50/100			
OTHER (See Main form for options)				



Trenton Christian School Society Pre-Authorized Debit Agreement

Authorization for Trenton Christian School Society Inc. ("TCSS") to Direct Debit an Account

Account Holder(s), if joint account, list all joint account holders (the "Family"):

Full Legal Name(s) _____ Exact Name in which Account is Held _____

Address(es) _____ Telephone Number _____

City(s) _____ Province, Postal Code _____

Financial Institution (the "Bank") information or attach a "VOID" cheque

Name of Bank _____ Address _____

City _____ Province, Postal Code _____

Bank Account No. _____ Branch No. ; Institution No. _____

The Family acknowledges that this PAD Agreement is provided for the benefit of TCSS and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Family's account in accordance with the rules of the Canadian Payments Association.

The family may revoke this authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form to for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

1. Purpose of Debits: The debit to my account is classified as a Personal PAD

For the purpose of: _____ (e.g., Tuition for the ??? family)

2. Terms of Authorization to Debit the Above Account

The Family authorizes TCSS to debit or cause to be debited the following amounts from the above account:

a) A fixed amount of \$ _____, which amount will be debited on the 1st or 15th (circle one) day of each month commencing in

_____ 20__ until _____ 20__ (e.g. August yyyy until May yyyy).

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Authorized Signature(s) of Family (if joint account, all joint account holders must sign):

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____

Gift Card Permission Form

I hereby grant permission for gift cards to be sent home with the student indicated below.

I understand that the student will be required to sign for the order when received. I will not hold Trenton Christian School responsible for any lost or stolen gift cards once in the possession of the named student below.

Student's name _____ Grade _____ Teacher _____

Signature _____

Date _____