



St Joseph's School
2022-2023 Pre-Kindergarten

PRE-AUTHORISED DEBITS (PAD)

Payer's PAD agreement – mandatory and supplementary elements

Date: _____
yyyy/mm/dd

Please debit my bank account (attach VOID cheque) the sum of:

Tuition \$ _____ Pre-K fees \$175.00 Other \$ _____

Child's/Children's Name(s): _____

The debit will be processed from your account on either the (please X one):

1st day or the 15th day of the months of September through June.

This Agreement is for a personal Pre-Authorized Debit.

Signature(s) of account holder(s) _____

Address & phone number: _____

Please print name(s) clearly: _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

St. Joseph's School
PO Box 454, 4054 Broadway Ave
Smithers, BC V0J 2N0
Email: stj@cispg.ca

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 right, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE SUPPLY/ATTACH A VOIDED CHEQUE.