



**St Joseph's School**  
**2021-2022 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):

1<sup>st</sup> day  or the 15<sup>th</sup> 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](http://www.cdnpay.ca).

St. Joseph's School  
PO Box 454, 4054 Broadway Ave  
Smithers, BC V0J 2N0  
Email: [stj@cispg.ca](mailto: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](http://www.cdnpay.ca).

---

**PLEASE SUPPLY/ATTACH A VOIDED CHEQUE.**