

**Pre-Authorized Debits (PADs) Rule H1  
Payer's PAD Agreement – Mandatory and Supplementary Elements**

**Pre-Authorized Debit (PAD) Agreement**

**ST. JOSEPH'S SCHOOL**

Date: \_\_\_\_\_

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

Tuition \$ \_\_\_\_\_ Pre K fees \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

The debit will be processed to your account on either the (please choose one date):

1<sup>st</sup> day of the months September through June OR the 15<sup>th</sup> day of the months September through June

*This Agreement is for a personal Pre-Authorized Debit.*

Signature of account holder(s) \_\_\_\_\_

Address & Phone number \_\_\_\_\_

Please print name \_\_\_\_\_

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  
Box 454, 4054 Broadway Ave  
Smithers, BC V0J 2N0  
Email: [stj@telus.net](mailto:stj@telus.net)

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).

\_\_\_\_\_

**OFFICE USE ONLY**

Name of Bank: \_\_\_\_\_ Transit Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Organization Number: 0100058582

Chequing Account \_\_\_\_\_ Savings Account \_\_\_\_\_