

Immaculate Conception School
3285 Cathedral Ave
Prince George, BC V2N 6R4
(250) 964-4362
Email: nforseille@cispg.ca

Payor's Pre-Authorized Debits (PAD) Agreement

1. Customer Information

Name: _____
(Full Legal Name Including Middle Initial/s)
Student's Name: _____
Mailing Address: _____
City: _____ Province _____ Postal Code: _____
Telephone Number: _____ Cell Phone Number: _____
Email Address _____

2. Bank Account Information

Bank Account Number:

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Financial Institution Number:

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 Branch Transit Number:

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Chequing Account Savings Account
Financial Institution: Name: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Immaculate Conception School to debit the bank account identified above on the 15th or end of month, starting September 15th, _____ and ending the month of June, _____ for the amount of \$_____

You, the Payor, may revoke your authorization at any time, subject to providing notice of 15 days.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

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.