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: | | | | | | | | | | | | |

Financial Institution Number: | | | | | Branch Transit Number: | | | | | |

Chequing Account ☐ Savings Account ☐

Financial Institution: Name: _____

Branch Address: _____

## 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize IC School to debit the bank account identified above for payments specified below:

### Tuition Payments

☐ 1st of the month ☐ 15th of the month Amount to be charged $_____ or current rate
☐ I authorize all school Fall Fees to be charged to this account with the first tuition payment
☐ I authorize my PPP Fee to be charged to this account with the first tuition payment

### After School Care Payments

☐ last day of the month Amount to be charged $_____ or current rate

Pre-authorized payments falling on a weekend or statutory holiday may not process until the following business day. 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