

BRANT CHRISTIAN SCHOOL SOCIETY

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Brant, AB T0L 0L0
Ph: (403) 684-3752 Fax: (403) 684-3894
Website: www.brantchristianschool.com



Pre-Authorized Debit (PAD) Agreement

I/We authorize Brant Christian School Society (BCSS) and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments, and/or one-time payments from time to time, for payment of all charges arising under my/our BCSS account. Regular monthly payments for the full amount of services obtained will be debited to my/our specified account on the 1st day of each month. BCSS will provide 10 days written notice and obtain authorization for any one-time or sporadic debits.

This authority is to remain in effect for **one year** or until BCSS has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca

BCSS may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for and PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

Date: _____

NAMES: _____

Type of Service: Personal X

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number#: _____

Financial Institution (FI): _____

FI Transit Number: _____

(branch- 5 digits; FI -3 digits) please attach a void cheque

FI Account Number: _____

FI Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Signature of Account Holder

Signature of Joint Account Holder (If app)

Date

Date

Monthly amount applying for PAD: _____

10 month deductions
(Sept-June)

12 month deductions (not applicable for preschool)
(Sept-Aug)

For those doing less than 10 month deductions (please fill in preferred amount of months)
_____ month deductions

PLEASE RETURN ALL FORMS TO THE SCHOOL OFFICE