

# BRANT CHRISTIAN SCHOOL SOCIETY

Box 130  
Brant, AB T0L 0L0  
Ph: (403) 684-3752 Fax: (403) 684-3894  
Website: [www.brantchristianschool.com](http://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 1<sup>st</sup> 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](http://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](http://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