

Payor's Pre-Authorized Debits (PAD) Agreement

1. Customer Information

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 Veritas School to debit the bank account identified above on the (check only one):

1st of the month 15th of the month Amount to be charged: \$ _____

Please charge for my **school supplies** one time payment on the (check only one):

September 1st September 15th Amount to be charged \$ _____

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.