

Veritas School  
4836 Straume Avenue  
Terrace, BC V8G 4G3  
(250) 635-3035  
Email: veritas@cispg.ca

### 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 1<sup>st</sup> or the 15<sup>th</sup> of the month, starting September 1<sup>st</sup> or 15<sup>th</sup>, \_\_\_\_\_ and ending June 15, \_\_\_\_\_ 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](http://www.cdnpay.ca).