

ST. MARGARET'S SCHOOL

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FORM

Please contact receivables@stmarg.ca to receive instructions for uploading the completed form to a secured site and/or for any questions regarding payments.

1. PAYOR INFORMATION (PLEASE PRINT CLEARLY) NAME STREET ADDRESS CITY PROVINCE POSTAL CODE PHONE (home) (business) 2. STUDENT INFORMATION GRADE NAME NAME GRADE NAME GRADE 3. BANK ACCOUNT INFORMATION - Please check the box below or provide the following information: Current Families Only: Please use the existing bank account information that St. Margaret's School already has on file. OR PLEASE ATTACH A VOID CHEQUE OR PRE-AUTHORIZED DEBIT (PAD) BANK FORM FROM YOUR FINANCIAL INSTITUTION Chequing Account: Savings Account: Other: Other: INSTITUTION ACCOUNT NO. BRANCH FINANCIAL INSTITUTION NAME BRANCH ADDRESS 4. PRE-AUTHORIZED DEBIT (PAD) DETAILS You, the Payer, authorize St. Margaret School Society to debit the bank account identified above for (please check all that apply): Enrollment Deposit Only on due date per re-enrollment agreement or invoice. One time payment of Full Tuition on due date per re-enrollment agreement or invoice.

Monthly Tuition Fee per fee schedule. Amount will be withdrawn on the 1st of each month starting June 1 or per invoice.

Variable amount (monthly incidentals as detailed on monthly billing statement). Amounts will be withdrawn on the 20th of each month or

the next business day. Please enter maximum allowable amount \$_____ per month.

You, the Payer, may revoke you authorization at any time in writing, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit <u>https://www.payments.ca/paying-pre-authorized-debit</u> Signature of Account Holder/Signatures of Joint Account Holder (if applicable):

Authorized Signature on the Account:	Date:
Authorized Signature on the Account:	Date: