



# MEDICINE HAT PUBLIC SCHOOL DIVISION

601 – 1<sup>st</sup> Avenue S.W., Medicine Hat, Alberta T1A 4Y7 Phone: (403) 528-6728 Fax: (403) 529-5339

## Pre-Authorized Debit (PAD) Agreement – Full-Time Programming for Kindergarten Children

### 1. Customer Information (Please Print Clearly)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. Bank Account Information – please provide a blank cheque marked “VOID” or Direct Deposit form from your bank

Account Number:

Branch Transit Number:

Financial Institution Number:

Chequing Account:  Savings Account:

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

\_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details (Please Print Clearly)

You, the Payer, authorize the Medicine Hat Public Board of Education operating as the [Medicine Hat Public School Division](#) to debit the bank account identified above for the amount of **\$ 250.00** on the **first business day of every month** from **Sept 2019 to June 2020** (10 payments).

You, the Payer, may revoke your authorization at any time in writing subject to providing notice of 30 days. For more information on your right to cancel a PAD Agreement or to obtain a sample cancellation form contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder: \_\_\_\_\_ Signature of Joint Account Holder (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
(Please Print Clearly)

Date: \_\_\_\_\_  
(Please Print Clearly)

\_\_\_\_\_  
Name: \_\_\_\_\_  
(Please Print Clearly)

Date: \_\_\_\_\_  
(Please Print Clearly)

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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### 4. Office Use Only

Date Received: \_\_\_\_\_ Student Name: \_\_\_\_\_

Form Received by (Name) \_\_\_\_\_ School: \_\_\_\_\_

