

# ST ANN'S ACADEMY PRE-AUTHORIZED DEBIT AUTHORIZATION FORM

Complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form to us, **with a blank cheque marked "void"**.

**Payee:**

St. Ann's Academy  
205 Columbia Street  
Kamloops, BC V2C 2S7

**Telephone:**

250-372-5452

Financial Institution Branch:	
Name of Financial Institution:	Address:

Transaction Information:	
Transaction Type: <u>450</u>	Personal <input type="checkbox"/> Business <input type="checkbox"/>
Cross reference: _____	Office Use Only
(Choose the <b>5<sup>th</sup></b> <i>OR</i> <b>22<sup>nd</sup></b> of the month):	
First due date: _____	Final due date: _____
mm    dd    yy	mm    dd    yy
Frequency: _____	\$ Amount: _____

Payor:	
Names of Account Holders:	Address:
_____	Office Use Only
Account Number	

I (we) hereby authorize **St. Ann's Academy** to draw on my (our) account with the afore-mentioned financial institution, for the following purpose: **Tuition**.

By signing this authorization, I (we) acknowledge that I (we) understand I (we) are participating in the Pre-authorized Debit Plan established by **St. Ann's Academy**, and I (we) accept participation in the PAD plan upon the terms and conditions set herein.

I (we) consent to the disclosure of any personal information that may be contained in this authorization to the financial institution that holds the account for **St. Ann's Academy** with the pre-authorized debit to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H4 of the Canadian Payments Association Rules:

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date:

See over for terms and conditions

Valid Signing Authority - I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

Cancellation of Agreement - I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to **St. Ann's Academy**. This authorization may be cancelled at any time by me (us).

Acceptance of Delivery of Authorization - I (we) acknowledge that provision and delivery of this authorization to **St. Ann's Academy** constitutes delivery by me (us) to the afore-mentioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution - I (we) acknowledge that the afore-mentioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the afore-mentioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by **St. Ann's Academy** as a condition to honouring a preauthorized debit issued on my (our) account.

Contract for Goods/Services – Revocation of this authorization does not terminate any contract for goods or services that exists between me (us) and **St. Ann's Academy**. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

Change of Account Information – I (we) undertake to inform **St. Ann's Academy**, in writing of any change in the account information provided in this authorization prior to the next due date of the debit.

Pre-notification – If this authorization is for personal/household debits, I (we) acknowledge we will receive:  
a) with respect to fixed amount pre-authorized debits, written notice from **St. Ann's Academy** of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first pre-authorized debit, and such notice will be received every time there is a change in the amount or the payment dates(s); or

b) with respect to variable amount pre-authorized debits, written notice from the Payee on the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every pre-authorized debit; except that if the pre-authorized debit plan provided for the issuance of a pre-authorized debit in response to a direct action by me (us) (such as, but not limited to, a telephone instruction) requesting **St. Ann's Academy** to issue the pre-authorized debit the 10 day pre-notification is waived.

If this authorization is for business pre-authorized debits, I (we) waive any and all requirements for pre-notification of debiting.

Rights of Dispute – I (we) acknowledge that a pre-authorized debit may be disputed only under the following conditions:

- a) the pre-authorized debit was not drawn in accordance with this authorization
- b) my (our) authorization was revoked
- c) pre-notification was required and was not received

I (we) further acknowledge that in order to be reimbursed, a written declaration to this effect must be given to my (our) financial institution on or before the 9<sup>th</sup> calendar day, the case of personal/household pre-authorized debit or on or before the 10<sup>th</sup> business day, in the case of a business pre-authorized debit, after the date on which the pre-authorized debit in dispute was posted to my (our) account. I (we) acknowledge that any claim made after the periods set out above must be resolved solely between me (us) and **St. Ann's Academy**.