



UMEI Christian High School Pre-Authorized Debit (PAD) Agreement

Tuition Payment Information

Name of Student whose Tuition is being paid: _____

Tuition Payor Information:

Account Holder Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Bank Account Information

Deposit Account Number:

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Branch Transit:

--	--	--	--	--	--

Financial Institution Number:

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Financial Institution Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details

Funds will be withdrawn on the 20th of the month unless the 20th falls on a weekend or holiday in which case the funds will be withdrawn on the next business day after the weekend or holiday.

Payment Type <i>(choose one only)</i>	Amount of Payment
<input type="checkbox"/> Personal PAD	<input type="checkbox"/> Fixed \$ _____ Start Date: _____ End Date: _____
<input type="checkbox"/> Business PAD	<input type="checkbox"/> Variable(<i>Max. Amt</i>) \$ _____ Start Date: _____ End Date: _____

You the Payor, may revoke your authorization at any time, in writing, subject to providing notice of at least 15 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 www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder:

Name: _____

Name: _____

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, You may contact your financial institution or visit www.cdnpay.ca

When the form is complete, mail or fax to:
UMEI Christian High School
614 Mersea Rd. 6, RR #5
Leamington, ON. N8H 3V8