

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

Tuition Payment Information

Name of Student whose Tuition is	s being paid:	
Tuition Payor Information		
Account Holder Name:		
City:	Province:	Postal Code:
Phone Number:		_Email Address:
Bank Account Information		
Deposit Account Number:		
Branch Transit:		
Financial Institution Number:		
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Funds will be withdrawn on the 20th of the month unless the 20th falls on a weekend or holiday in which case the funds will be withdrawn on the next business day after the weekend or holiday.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 (choose one only)		Amount of Payment				
	Personal PAD		Fixed	\$	Start Date:	End Date:
	Business PAD		Variable (Max. Am	nt) \$	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, please 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 614 Mersea Rd. 6, RR #5, Leamington, ON N8H 3V8