



ST. MARGARET'S SCHOOL

Pre-Authorized Debit Form

Customer Information (Please Print Clearly)	
Parent Name(s):	
Student Name:	
Address:	
City:	Province/State:
Country:	Postal/Zip Code:
Phone:	Email:
Bank Account Information	
Deposit Account Number:	Branch Transit Number (5 digits):
Financial Institution Number (3 digits):	<input type="checkbox"/> Checking Account <input type="checkbox"/> Saving Account
Pre-Authorized Debit Details	
<p>You, the Payor, authorize St. Margaret's School to debit the bank account identified above for the tuition amount of \$_____ on the 1st of every month or the following business day.</p> <p>You, the Payor, may revoke your authorization at any time by phone or in writing, subject to providing notice of 30 days. Please contact the Finance Office at 250-479-7171 ext. 2536 or at receivables@stmarg.ca.</p> <p>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 contact your financial institution or visit www.cdnpay.ca</p>	
Signature of Account Holder:	Signature of Joint Account Holder (if applicable):
_____	_____
Name:	Name:
(Please Print)	(Please Print)
Date:	Date:
_____	_____