



Personal Pre-Authorized Debit Authorization

Contact Information

Payor's Name: _____ Telephone: _____

Address: _____ Town: _____

E-mail: _____ Postal Code: _____

- Please indicate by checking the box if this authorization is a renewal.
- If a renewal, please check the box if bank information on file is still deemed accurate.

For New Authorizations and for Renewal Authorizations with Amendments, please provide your bank information below (Obtainable from bottom of cheque) OR attach a marked void cheque with your completed Personal Pre-Authorized form.

Branch #: _____ Institution #: _____ Account #: _____
5 digits 3 digits

I hereby authorize withdrawals from my account (check one): Monthly Annual

*Please indicate the start date of monthly withdrawal of funds: _____
day/month/year

*Please indicate the monthly withdrawal amount of funds: \$ _____

Authorization: The undersigned, jointly or severally, authorize Ponoka Christian School and its bank, ATB Financial, to process debits (withdrawals) against the Payor's account as indicated above in accordance with the rules of the Canadian Payments Association.

Signature of Account Holder

Signature of Account Holder

Name of Account Holder

Name of Account Holder

Dated at _____, Alberta this _____ day of _____ 20_____
City Day Month Year

Cancellation of agreement: The payor may revoke their authorization at any time, subject to providing 14 days' notice to PCS. A sample cancellation form or further information on the payor's right to cancel a PAD agreement may be obtained at payor's financial institution or by visiting www.cdnpay.ca

Reimbursement Statement: 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