

ST. JOSAPHAT'S SADOCHOK PRE-AUTHORIZED DEBIT FORM

Parents Name:

Student Name:

Address: _____

City: _____ Postal code: _____

Phone: _____

PRE-AUTHORIZED DEBIT (PAD)

I hereby authorize ST. JOSAPHAT'S SADOCHOK the debiting of my account in the amount of \$_____ by method of Electronic Funds Transfer on the first day of each month beginning _____

These services are for business use only.

I, the payor, may revoke this authorization at any time, subject to providing 30 days notice.

BANKING INFORMATION: Check one that applies

Attached VOID CHEQUE _____ BANKING PRE-AUTHORIZED DEBIT FORM _____

I, the payor, will provide at least 5 days notice of any changes to the amount by filling out CHANGES TO ST. JOSAPHAT'S PRE-AUTHORIZED DEBIT FORM

I have certain recourse rights if any debits do not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, contact your financial institution or visit www.cdnpay.ca

ACCOUNT HOLDER SIGNATURE: _____

DATE: _____

CHANGES TO ST. JOSAPHAT'S PRE-AUTORISED DEBIT FORM

Parents Name:

Student Name:

Address: _____

City: _____ Postal code: _____

Phone: _____

PRE-AUTHORIZED DEBIT (PAD)

I hereby authorize ST. JOSAPHAT'S SADOCHOK to change the debiting of my account from in the amount of \$_____ to in the amount of \$_____ by method of Electronic Funds Transfer starting _____

Check one that applies: One-time change _____ Ongoing_____

ACCOUNT HOLDER SIGNATURE: _____

DATE: _____