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Web: [www.pgmontessori.ca](http://www.pgmontessori.ca)  
Registered Charitable #: 130380637RR0001

## Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 2. Bank Account Information

Acct #: \_\_\_\_\_

Institution #: \_\_\_\_\_ Transit #: \_\_\_\_\_

Financial Institute: \_\_\_\_\_

(name)

\_\_\_\_\_  
(branch address)

### 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Prince George Montessori Education Society to debit the bank account identified above for the amount of \$\_\_\_\_\_ on the 1<sup>st</sup> day of every month or the next business day.

These services are for (check one)  Personal  Business Use

You, the Payor may revoke your authorization at any time by sending an email to [admin@pgmontessori.ca](mailto:admin@pgmontessori.ca) subject to providing notice of 3 business days. For more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://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, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).