



1448 5th Avenue
Prince George, BC V2L 3L7
Phone: 250-562-6560
E-Mail: admin@pgmontessori.ca
Web: www.pgmontessori.ca
Registered Charitable #: 130380637RR0001

Pre-Authorized Debit (PAD) Agreement

1. Customer Information

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

2. Bank Account Information (please attach void cheque)

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 1st 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 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.

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.