



BCITSA Childcare Centre Pre-Authorized Debit (PAD) Agreement

1. Payor Information (Please Print Clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ E-mail: _____

2. Bank Account Information

Payor Account Number: _____

Debit Amount: \$ _____

Branch Transit Number: _____

Financial Institution Number: _____ Chequing Savings

Financial Institution: Name: _____

Branch Address: _____

Transaction Date: From: ____/____/____ To: ____/____/____
mm dd yyyy mm dd yyyy

** Please attach void cheque.*

3. Payee Information (Office Only)

Student Association of BCIT

Account #:

Branch Number #:

Institution #:

4. Pre-Authorized Debid (PAD) Details

I/We authorize Student Association of BCIT and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Student Association of BCIT account(s).

Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the first day of each month. These services are for Child Care fees for (enter legal name of the child/children): _____

These services are for personal purposes.

Student Association of BCIT will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Student Association of BCIT has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

In case of variable amount PADs, Student Association of BCIT will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, email it to: sallan@bcitsa.ca