

**Coaldale Christian School**  
Pre-authorized Debit (PAD) Agreement

**Pre-Authorized Debit (PAD) Details**

I/We authorize Coaldale Christian School to debit my bank account for

\$ \_\_\_\_\_ on the \_\_\_\_\_ day of each and every consecutive:

- Week
  - Bi-Week
  - Semi-monthly (15 and last day of the month)
  - Month
- Starting date \_\_\_\_\_

These services are for (*check one*) \_\_\_ personal use \_\_\_ business use

This authority is to remain in effect until **Coaldale Christian School** has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**\*\*Note: Debits may change annually with written notice from Coaldale Christian School.**

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse right, I may contact my financial institution of visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Information**

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

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

**Bank Account Information**

FI Transit Number

Route

Account Number

--	--	--	--	--	--

--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

When the form is complete please attach a cheque marked VOID and return to:

**Coaldale Christian School**  
**2008 - 8St.**  
**Coaldale, AB T1M 1C1**  
**(403) - 345 - 4055**