

St. Mary's School
1088 Gillett Street
Prince George, BC V2M 2V3
(250) 563-7502
Email: nforseille@cispge.ca

Payor's Pre-Authorized Debits (PAD) Agreement

1. Customer Information

Name: _____
(Full Legal Name Including Middle Initial/s)
Student's Name: _____
Mailing Address: _____
City: _____ Province _____ Postal Code: _____
Telephone Number: _____ Cell Phone Number: _____
Email Address _____

2. Bank Account Information

Bank Account Number:

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Financial Institution Number:

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 Branch Transit Number:

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Chequing Account ☐ Savings Account ☐
Financial Institution: _____ Name: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize St. Mary's School to debit the bank account identified above for payments specified below:

Tuition Payments

☐ 15th of the month ☐ last day of the month Amount to be charged \$ _____

After School Care Payments

☐ 15th of the month ☐ last day of the month Amount to be charged \$ _____

☐ I would like my Fall School Supply Fees to be charged to this card with my first tuition payment

Pre-authorized payments falling on a weekend or statutory holiday may not process until the following business day.
You, the Payor, may revoke your authorization at any time, subject to providing notice of 15 days.

Signature of Account Holder

Name (Please print)

Date

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Date