



## Personal Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information (Please Print Clearly)

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

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

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

Telephone Number: \_\_\_\_\_

Purpose: \_\_\_\_\_ Busing \_\_\_\_\_ School: \_\_\_\_\_  
(i.e. Edge, FI Preschool, Montessori)

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

### 2. Bank Account Information

Deposit Account Number:  Branch Transit Number:

Financial Institution Number:  Chequing Account  Savings Account

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

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

**(Please attach a void cheque)**

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

You, the Payor, authorize Grande Prairie Public School District #2357 to debit the bank account identified above on the 1<sup>st</sup> of every month or the next business day for \$ \_\_\_\_\_ from \_\_\_\_\_ to June 30, 2023.  
(date begin) (date end)

You, the Payor, may revoke your authorization at any time in writing subject to providing notice within 30 days.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name:

Name:

(Please Print)

(Please Print)

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).

When the form is complete, mail to:

**Grande Prairie Public School District #2357**

**Attention: Connie Hartel**

**11041 95 Ave Grande Prairie, AB T8V 6L3**

**Connie.hartel@gppsd.ab.ca**

**Note: If your banking information changes, please notify GPPSD #2357 prior to the change by completing the required documents.**