

## Monthly Pre-authorized Payment (PAD) Form

This service allows a customer of Prairie Central Adventist Academy to pay for their monthly bill directly from their bank account.

Return completed form by fax to **204-667-1396** (Winnipeg, Manitoba OR in person to 56 Grey Street, Winnipeg, OR by mail to **PCAA, 56 Grey Street, Winnipeg, MB, R2L 1V3** OR by email to [admissions@pcaa.ca](mailto:admissions@pcaa.ca)

Account Holder's Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*(If this is a joint account, both parties' contact information is required – enter 2<sup>nd</sup> party below)*

Account Holder's Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Students' Last Name: \_\_\_\_\_ Children's names: \_\_\_\_\_

### DEBIT PAYMENTS:

Financial Institution Name (Bank Name): \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Transit# \_\_\_\_\_

Institution# \_\_\_\_\_

Account# \_\_\_\_\_

YOUR NAME YOUR ADDRESS	999						
PAY TO THE ORDER OF _____	\$ _____						
YOUR BANK'S NAME YOUR BANK'S ADDRESS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; color: red;">Transit # (5 digits)</td> <td style="text-align: center; color: red;">Bank # (3 digits)</td> <td style="text-align: center; color: red;">Account # (7 digits)</td> </tr> <tr> <td style="text-align: center;">   999   </td> <td style="text-align: center;">: 999999    999 :</td> <td style="text-align: center;">999 999999 999</td> </tr> </table>	Transit # (5 digits)	Bank # (3 digits)	Account # (7 digits)	999	: 999999    999 :	999 999999 999
Transit # (5 digits)	Bank # (3 digits)	Account # (7 digits)					
999	: 999999    999 :	999 999999 999					

If you would like us to verify that you have provided accurate financial information, please include a void cheque along with this completed form.

Debit to made on: \_\_\_\_\_ The 1<sup>st</sup>. day of the month      \_\_\_\_\_ The 15<sup>th</sup> day of the month

I/we authorize Prairie Central Adventist Academy, 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 tuition and miscellaneous charges arising under my Prairie Central Adventist Academy Account(s). Regular monthly payments for the full amount will be debited to my/our specified account on the **1<sup>st</sup> or 15<sup>th</sup> day of each month**. The amount of the debit may vary each year depending on the grade, optional courses/activities my/our children are enrolled in and or changes in fees.

This authority is to remain in effect until Prairie Central Adventist Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided. 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.payments.ca](http://www.payments.ca). I/we understand that during the summer holidays payments may stop, but they will resume in the month of September. Prairie Central Adventist Academy may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.payments.ca](http://www.payments.ca)

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

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

*(If this is a joint account, both parties' signatures are required)*