



## Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information (Please print clearly)

Name: \_\_\_\_\_  
 Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fees  Transportation  (Payable Sept – June each year)

This agreement will continue to be in effect for every school year that your child is enrolled at school or until you cancel the agreement with your bank.

### 2. Bank Account Information

Deposit Account Number:

Branch Transit Number:

Financial Institution Number:

Chequing Account       Savings Account  
 Personal                       Business

Financial Institution: Name: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_

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

I/we authorize Mediated Learning 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, for payment of tuition fees and or transport fees. Regular monthly payments for tuition/transport fees will be debited to my/our specified account on the 1<sup>st</sup> day of each month or the next business day.

This authority is to remain in effect until Mediated Learning 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 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](http://www.cdnpay.ca).

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

Signature of Account Holder:  _____ Name: (Please Print) Date:	Signature of Joint Account Holder (if applicable):  _____ Name: (Please Print) Date:
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When the form is complete please return; mail, fax or email to:  
 Mediated Learning Academy  
 550 Thompson Avenue  
 Coquitlam, BC, V3K 3R9  
[awinstanley@mediatedlearningacademy.org](mailto:awinstanley@mediatedlearningacademy.org) or Fax: 604-931-5155