



# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT - TUITION

## AGREEMENT

This PAD agreement authorizes Fredericton Christian Academy and the financial institution designated to debit the bank account identified for all charges arising under my/our Tuition Agreement with Fredericton Christian Academy. The amount of these variable charges will be debited to my/our bank account beginning \_\_\_\_\_ and every month thereafter.

I/We waive any and all requirements for the pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAP due to an adjustment to the tuition rate.

This authority is to remain in effect until Fredericton Christian Academy has received written notification from me/us of its change or termination whereby 2 months notice is given. I/We may obtain more information on my/our right to cancel a PAD agreement by contacting the FCA accounting department at [accounts@fcae.ca](mailto:accounts@fcae.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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain a Reimbursement, I/we may contact the FCA accounting department: [accounts@fcae.ca](mailto:accounts@fcae.ca)

## BANKING INFORMATION

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

Type of Service: Personal

### Your Information

Name(s) on the account: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Bank Information

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

Bank Account #: \_\_\_\_\_ Transit Number #: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## AUTHORIZED SIGNATURES

*If the account is a shared account the signature of both account holders is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## TERMS AND CONDITIONS

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Fredericton Christian Academy (hereafter referred to as FCA) , to debit or cause to be debited the Account for the purposes indicated in the Pre-Authorized Payment Form
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section of the Pre-Authorized Payment Form (hereafter referred to as a PAP). A specimen cheque for the Account, has been marked "VOID" or a bank account information form is attached to this Authorization
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization 10 business days prior to the next due date of the PAP.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within 10 business days before the next PAP is to be issued. I/we acknowledge that I/we can obtain a cancellation form or further information on my/our right to cancel this Acknowledgement by contacting the Financial Department at Fredericton Christian Academy at [accounts@fcae.ca](mailto:accounts@fcae.ca).
5. If this Authorization is for a fixed or variable amount, I/we acknowledge I/we will receive with respect to a variable amount, a written notice (in the form of a email) from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAP, and such notice will be received every time there is a change in the amount.
6. I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact the financial department of Fredericton Christian Academy at [accounts@fcae.ca](mailto:accounts@fcae.ca)
7. I/We acknowledge that I/we understand that I/we are participating in a PAP plan established by Payee and I/we accept participation in the PAP plan upon the terms and conditions set out herein.
8. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.