

## St. Charles Catholic School Preauthorized Payment Plan

Preauthorized payment is available for tuition payments. Tuition payments are withdrawn on the first Friday of each month. Payments begin in September.

### To Enroll:

- Complete and sign the enrolment/authorization form below.
- Attach a voided personal cheque.
- Return authorization and VOID cheque to the school **no later than September 1, 2019**

### *In addition*

Administration fee of \$60.00 will be charged to the first payment.  
Outstanding registration fees will be withdrawn with the first payment.

**Please read attached Terms and Conditions and keep for your record.**

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### Pre-authorized Payment Authorization

Family Name(s):  
\_\_\_\_\_

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

Phone:  
\_\_\_\_\_

I (we) authorize St. Charles Catholic School to process a debit, in paper, electronic or other form in the amount of:

1. **A one time administration fee of \$60 on my first payment and**
2. Fixed annual registration fee outstanding of \$ \_\_\_\_\_ and
3. Fixed monthly tuition payments of \_\_\_\_\_ (Invoice total divided by 10) to be taken on the first Friday of every month for 10 months **and/or**

I (we) acknowledge that I (we) have read and understand all the provisions contained in the Term and Conditions of the pre-authorized payment plan and that I (we) have received a copy.

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

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

## PRE-AUTHORIZED PAYMENTS - TERMS AND CONDITIONS

"I (we) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".

"I (we) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement."

"I (we) hereby authorize (Name of Payee) to draw on (Name of Payor) account number \_\_\_\_\_ with (Processing Institution), for the following purpose."

"I (we) acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor)."

"This authorization may be cancelled at any time upon notice by (Name of Payor). I (we) acknowledges that, in order to revoke this authorization, I(we) must provide notice of revocation to (Name of Payee)."

"I (we) undertake to inform (Name of Payee), in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD"

"I (we) acknowledges that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I (we) acknowledge that (Processing Institution) is not required to verify that any purpose of payment *for* which PAD was issued has been fulfilled by (Name of Payee) as a condition to honoring a PAD issued or caused to be issued by (Name of Payee) on (Name of Payor) account."

"Revocation of this authorization does not terminate any contract *for* goods or services that exist between (Name of Payor) and (Name of Payee). The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"A PAD may be disputed by a Payor under the following conditions:

1. the PAD was not drawn in accordance with the Payor's Authorization; or
2. the authorization was revoked; or
3. pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the *effect* that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (Or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD)"