

The Edmonton Society for Christian Education  
**Pre-Authorized Debit (PAD) Agreement**

**Parent/Guardian Information**

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

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

**Pre-Authorized Debit Information**

I / We authorize The Edmonton Society for Christian Education to debit my/our account for the amount stated on the invoice. This authority is to remain in effect until The Edmonton Society for Christian Education has received written notification from me/us of its change or termination.

\_\_\_\_ 1st of the Month    \_\_\_\_ 15th of the Month    \_\_\_\_ 20th of the Month

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

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

**A VOID CHEQUE must be attached and returned along with this form by mail, email or in-person to:**

Edmonton Society for Christian Education  
14304 - 109 Avenue, Edmonton, AB T5N 1H6  
mjohansson@edmchristian.org

**Financial Institution Information (For Office Use Only)**

*FI Transit Number*

*Route Number*

*Account Number*

\_\_\_\_ \_

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

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

**TERMS & CONDITIONS**

**Pre-Authorized Debit (PAD) Details**

I/We hereby authorize The Edmonton Society for Christian Education (ESCE) to make the requested debits of funds from the bank account. I/We acknowledge that this service is for business PAD purposes. I/We acknowledge that if my/our signed PAD Agreement is not received within 30 days of the transaction date ESCE may not be able to process my/our authorization in time for that transaction and the authorization will be processed commencing the next transaction date. 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 inconsistent with this PAD Agreement. To obtain more information on my/our recourse rights I/we may contact my/our financial institution or visit the Payments Canada Website at [www.cdnpay.ca](http://www.cdnpay.ca).

**Pre-Authorized Debit (PAD) Cancellation Details**

I/We the Payor(s) may cancel my/our authorization at any time by sending a clear written request. Cancellations must be received at least 30 business days prior to a transaction date. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, I/we may visit the Payments Canada Website at [www.cdnpay.ca](http://www.cdnpay.ca).