



# Pre-Authorized Debit (PAD) Agreement – Fixed Amounts

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the “CPA Rules”).

**INSTRUCTIONS:** Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque or a copy thereof marked “VOID” to us.

<b>1. PAYOR/CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly) ActiveNet Number:</b> <input type="text"/>		
Payor Name:	Student Name (if different):	
Payments are made by (check one): <input type="checkbox"/> an Individual <input type="checkbox"/> a Business		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number(s):		

<b>2. PLEASE DEBIT MY BANK ACCOUNT (attach VOID cheque or copy/scan thereof)</b>		
Account #:	Financial Institution #:	Branch Transit #:
Financial Institution Name:		
Financial Institution Address:		

**3. PRE-AUTHORIZED DEBIT (PAD) PAYEE**  
*Victoria Conservatory of Music: BMO Account*

**4. PAYMENT DETAILS - FIXED PAD AMOUNT**  
Instalment Payment Plan – The following fixed amounts may be drawn on my bank account as at the following dates:

DATE	AMOUNT	DATE	AMOUNT
September 15 <sup>th</sup>		February 15 <sup>th</sup>	
October 15 <sup>th</sup>		March 15 <sup>th</sup>	
November 15 <sup>th</sup>		April 15 <sup>th</sup>	
December 15 <sup>th</sup>		May 15 <sup>th</sup>	
January 15 <sup>th</sup>		June 15 <sup>th</sup>	
July 15 <sup>th</sup>		August 15 <sup>th</sup>	

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules. We agree to the terms on page two of this form. We may revoke authorization at any time, subject to providing notice of 15 days.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Signatory (Payor)

\_\_\_\_\_  
Name (please print)

## Pre-Authorized Debit (PAD) Agreement – Fixed Amounts

**Account Information:** The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked “VOID” and is attached to this authorization.

**Accuracy and Changes in Account Information:** By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

**Valid Signing Authority:** We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority to Debit Account:** We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose (e.g. Music Lessons).

**Validation by Processing Financial Institution:** We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

**Recourse/Reimbursement:** We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Our Rights of Dispute:** We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

**Acceptance of Delivery of Authorization:** We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

**Pre-Notification Waiver:** We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

**Contract for Goods or Services:** Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.