



2021-2022 St. Emile School Pre-Authorized Debit Agreement (Payor's PAD Agreement)

Attach VOID Cheque

Payee Information: Credit (Transfer to)

Account Holder (the payee): St. Emile School Inc.
Address: 552 St. Anne's Road, Winnipeg, MB R2M 3G4

Payor Information: Debit (Transfer from)

Please notify the payee immediately of any changes to account information, to avoid any NSF charges.

Account Holder(s) (the payor): _____

Account Holder Phone #: _____

Financial Institution: _____

Bank Address: _____

Account Information: Route: _____ Transit: _____ Account: _____

Transaction Information: Business PAD CPA transaction type 460 *Please check (✓) your selections:

Gr. K-8 Tuition Deposit \$ _____ (\$100.00 x _____ amount of child(ren)) on April 1, 2021.

Pre-Kindergarten \$4175.00 in 10 equal payments September 1, 2021 to June 1, 2022.

Kindergarten Tuition \$3650.00 (plus deposit) in 10 equal payments September 1, 2021 to June 1, 2022.

12 equal payments July 1, 2021 to June 1, 2022.

Gr. 1-8 Tuition \$2900.00 x _____ in 10 equal payments September 1, 2021 to June 1, 2022.

12 equal payments July 1, 2021 to June 1, 2022.

Hockey Academy Registration \$100.00 on June 1, 2021.

Hockey Academy Fees \$ TBD in 10 equal payments September 1, 2021 to June 1, 2022.

BASC \$2300.00 in 10 equal payments September 1, 2021 to June 1, 2022.

Before Care Only \$1150.00 in 10 equal payments September 1, 2021 to June 1, 2022.

After Care Only \$1350.00 in 10 equal payments September 1, 2021 to June 1, 2022.

Authorization

1. 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 ("PADs") against this account with Processing Institution in accordance with the Rules of the Canadian Payments Association

2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

3. I/We waive any and all requirements for pre-notification of debiting. Fifteen (15) days notice is required **before** the next PAD will be issued to **cancel payment**.

4. ***I/We authorize all PAD withdrawals as outlined in our 2021-2022 St. Emile School registration.***

By signing this authorization, the Payor(s) acknowledge having received and read a copy of this agreement.

Signature of Payor

Date

Signature of Payor

Date