



Payor's PAD Agreement

Please ensure that both sides of the agreement are completed.

PAYOR/PAYEE INFORMATION

Parent/Guardian (Payor) name and address:

NAME: _____

ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ CELL: _____ E-MAIL: _____

PAYEE NAME AND ADDRESS:

Haney-Pitt Meadows Christian School Association d/b/a Maple Ridge Christian School
 12140 – 203rd Street., Maple Ridge, BC V2X 2Z5

Description of PAD Tuition	Payment type <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business Pad	Dates <input type="checkbox"/> July 1 (September tuition) <input type="checkbox"/> October 1 – June 1 (9 months tuition)					
Amount of Monthly Payments <input type="checkbox"/> Fixed \$ _____		Parent/Guardian (Payor) Financial Institution Name & Address (the 'Processing Institution')					
Payor Account (the Payor's acct at the Processing Institution: the "Account") <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Institution</th> <th style="width: 15%;">Branch ID</th> <th style="width: 70%;">Account Number</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Specimen cheque marked "VOID" Attached			Institution	Branch ID	Account Number	0	
Institution	Branch ID	Account Number					
0							
		MRCS (Payee) Account (Payee's account for Credit) 003 01040 1000264					

AUTHORIZATION

I/We acknowledge that this Authorization is proved for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debts ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association. By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of the Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on Page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirement for pre-notification of debiting.

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

CANCEL PAYMENT (_____ business days' notice before the next PAD will be issued, is required)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

TERMS AND CONDITIONS

1. I/We hereby authorize Payee to draw or cause to be drawn on the Account for the purposes indicated in the 'Payment Type' section of this Agreement.
2. Particulars of the Account that Payee is authorized to draw on are indicated in the Payment Details section of this Agreement. A specimen cheque if available for the Account has been marked "VOID" and 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 prior to the next due date of the PAD.
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 the specified number of days before the next PAD is to be issued, as noted on Page 1, Cancel Payment section; or is automatically cancelled at the end of the current school year, whichever comes first.
5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. Unless I/we have waived any and all requirements for pre-notification of debiting, I/we acknowledge I/we will receive with respect to fixed amount PADs , written notice 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 PAD, and such notice will be received every time there is a change in the amount of the payment date(s);
8. I/we acknowledge the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
9. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
10. I/We acknowledge that, if this Authorization is for personal or business PADs, a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) The Authorization was revoked, or
 - (c) Pre-notification was required and was not received.

I/We further acknowledge that in order to be reimbursed, a Declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or on or before the 10th business day in the case of a business PAD after the date on which the PAD in dispute was posted to the Account.
11. I/We acknowledge that any claim made after the periods set out above must be resolved solely between we/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
12. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and we accept participation in the PAD plan upon the terms and conditions set out herein.
13. 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 PAD 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.