

## Pre-Authorized Debit Plan

(Authorization of the Payor to the Payee to Direct Debit an Account)

The Personal Pre-Authorized Debit Plan (PAD) allows CFIS, through its bank, to debit your account for school fees instead of having to write post-dated cheques. The fees would include (as applicable), the deposit, tuition, childcare, homework program, transportation and fundraising.

The amount would be according to the applicable fee schedule and would only change as the services provided change. **The date of the debit would be approximately the first day of the appropriate month.**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Sign the Terms and Conditions that accompany this document.
3. Return the completed form with a blank cheque marked "VOID" to CFIS at the address or fax number noted above. If you have any questions, please call the Main Office at 240-1500.

Student Name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**1. PAYOR INFORMATION** *(Please type or print clearly)*

<b>Payor Name(s):</b>	
<b>Address:</b>	
<b>E-mail Address:</b>	
<b>Telephone:</b>	
<b>Signature of Payor(s):</b>	<b>Date:</b>

- Same account information as the 2007-08 school year (please sign on reverse)

**2. PAYMENT INFORMATION**

**Tuition and Other Monthly Amounts**

I (we) authorize Calgary French & International School to process a debit, in paper, electronic or other form in the amount of, for a variable amount on my (our) account, **monthly** beginning  
**September, 2008.**

Notwithstanding Section 9 of Canadian Payments Association H1 rules (Appendix 2, page 2), I (we) the payor(s) agree to waive pre-notification with respect to payments to be debited.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

**Deposit and Other Annual Amounts**

I (we) authorize Calgary French & International School to process a debit, in paper, electronic or other form in the amount of, for a variable amount on my (our) account, **annually** beginning  
**December, 2007.**

Notwithstanding Section 9 of Canadian Payments Association H1 rules (Appendix 2, page 2), I (we) the payor(s) agree to waive pre-notification with respect to payments to be debited.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

**Semi-Annual Amounts**

I (we) authorize Calgary French & International School to process a debit, in paper, electronic or other form in the amount of, for a variable amount on my (our) account, **semi-annually** beginning  
**September, 2008.**

Notwithstanding Section 9 of Canadian Payments Association H1 rules (Appendix 2, page 2), I (we) the payor(s) agree to waive pre-notification with respect to payments to be debited.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Payor(s)**

\_\_\_\_\_  
Date

## 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 below.

I (we) hereby authorize Calgary French & International School (CFIS) to draw on (name of payor) \_\_\_\_\_ account number \_\_\_\_\_ with (Processing Institution), \_\_\_\_\_ for the following purpose: School Fees.

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

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

The Payor and Payee agree to waive the pre-notification requirement set out in Section II of Appendix II of rule H1 of the Canadian Payments Association.

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

The account that CFIS is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked 'VOID' and attached hereto.

I (we) acknowledge 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 the PAD was issued has been fulfilled by CFIS as a condition to honoring a PAD issued or caused to be issued by CFIS on (name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists 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 the 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).