



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT - FCA FUND

Please submit completed form with voided cheque to the FCA Office
Fredericton Christian Academy, 778 MacLaren Ave., Fredericton NB E3A 3L7 CANADA

AGREEMENT

This PAD agreement authorizes Fredericton Christian Academy and the financial institution designated to debit the bank account identified for all charges arising under my/our FCA Fund Agreement with Fredericton Christian Academy. The amount of these charges will be debited to my/our bank account beginning _____ and every month thereafter.

This authority is to remain in effect until Fredericton Christian Academy has received written notification from me/us of its change or termination whereby 2 months notice is given. I/We may obtain more information on my/our right to cancel a PAD agreement by contacting the FCA accounting department at accounts@fcae.ca

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 not consistent with this PAD Agreement. To obtain a Reimbursement, I/we may contact the FCA accounting department: accounts@fcae.ca

BANKING INFORMATION

Date: _____ Type of Account Service: Personal Business

Your Information

Name(s) on the account: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Bank Information *NOTE: Please attach a voided cheque or copy of Automatic Bill Payments/Pre-Authorized Debits form from your bank.*

Financial Institution: _____

Bank Account #: _____ Transit Number #: _____

Address : _____

City/Town: _____ Province: _____ Postal Code: _____

AUTHORIZED SIGNATURES

If the account is a shared account the signature of both account holders is required.

Signature

Signature

Date

Date

TERMS AND CONDITIONS

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Fredericton Christian Academy (hereafter referred to as FCA), to debit or cause to be debited the Account for the purposes indicated in the Pre-Authorized Debit Form
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section of the Pre-Authorized Payment Form (hereafter referred to as a PAD). A specimen cheque for the Account, has been marked "VOID" or a bank account information form is 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 10 business days 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 10 business days before the next PAD is to be issued. I/we acknowledge that I/we can obtain a cancellation form or further information on my/our right to cancel this Acknowledgement by contacting the Financial Department at Fredericton Christian Academy at accounts@fcae.ca.
5. I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact the financial department of Fredericton Christian Academy at accounts@fcae.ca
6. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
7. 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.