

PREAUTHORIZED DEBIT AUTHORIZATION FORM

Complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form to us, with a blank cheque marked "void".

Payee:

Our Lady of Perpetual Help School
235 Poplar Street
Kamloops, BC V2B 4B9

Telephone:

(250) 376-2343

Financial Institution Branch:	
Name of Financial Institution:	Address:

Transaction Information:	
Transaction Type: <u> 41510 </u>	Personal <input type="checkbox"/> Business <input type="checkbox"/>
Gross reference: <input type="text"/>	Office Use Only: <input type="text"/>
First due date: <u> </u> mm <u> </u> dd <u> </u> yy	Final due date: <u> </u> mm <u> </u> dd <u> </u> yy
Frequency: <u> </u>	\$ Amount: <u> </u>

Payor:	
Names of Account Holders:	Address:
Account Number: <input type="text"/>	Office Use Only: <input type="text"/>

I (we) hereby authorize **Our Lady of Perpetual Help School** to draw on my (our) account with the afore-mentioned financial institution, for the following purpose, **Tuition and School Fees**.

By signing this authorization, I (we) acknowledge that I (we) understand I (we) are participating in the Pre-authorized Debit Plan established by **Our Lady of Perpetual Help School**, and I (we) accept participation in the PAD plan upon the terms and conditions set herein.

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 for **Our Lady of Perpetual Help School** with the pre-authorized debit to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H4 of the Canadian Payments Association Rules:

Signature of Account Holder

Date:

Signature of Account Holder

Date:

See over for terms and conditions