



MEI Schools  
Administration &  
Finance Office

4081 Clearbrook Rd  
Abbotsford, BC  
V4X 2M8

T 604.859.3700  
F 604.859.9206  
www.meischools.com

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT BUS SERVICE FEES

### 1. Customer Information (Please print clearly)

First and Last Name(s): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment is made by: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

Student's name (Last, First) and Grade \_\_\_\_\_  
\_\_\_\_\_

### 2. Bank Account Information (Please include a Void cheque)

Account Number: \_\_\_\_\_ (maximum 12-digits)

Branch Number: \_\_\_\_\_ (5-digits) Institution Number: \_\_\_\_\_ (3-digits)

Financial Institution: Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

### 3. Pre-Authorized Debit Details

I/We authorize Mennonite Educational Institute Society (operating as MEI Schools) to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my/our MEI Schools tuition account. Regular monthly tuition payments for the cost of personal education (as set out in the current Tuition Schedule & Policies document as found [www.meischools.com](http://www.meischools.com)), will be debited to my/our account on the 1st day of each month or the next business day (September to June). **I/we hereby waive the standard pre-notification period.**

I/We may revoke this authorization at any time and it will remain in effect until I/we provide MEI Finance Office notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the school address provided below. I/we may obtain more information on my/our rights to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). Please contact the Finance Office for all reimbursements.

Account Holder(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_