



## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT TUITION FEES

### 1. Payer / Account Holder Information

Legal Name(s):

\_\_\_\_\_

First name

Initial

Last Name

\_\_\_\_\_

First name

Initial

Last Name

Complete Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

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

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 [meischools.com](http://meischools.com)), will be debited to my/our account on the 1<sup>st</sup> 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 the school address provided above no less than ten (10) business days before the next debit is scheduled. 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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_