4081 Clearbrook Rd. Abbotsford, BC V4X 2M8 Tel: 604-859-3700 www.meischools.com www.meihockey.com

### **Payment Schedule and Policy**

The fees for the ten-month program are:

Level	MEI Student	Part Time Player
Elementary (Grade 1-5)	\$2250	\$1750
Middle School (Grade 6-8)	\$2250	\$1750
High School (Grade 9-12)	\$1500	
Goalie Fee (Grade 3-8 only)	\$500 (onetime payment)	

#### **Payment Options**

- Payment in full by cheque or credit card; or
- Payment by pre-authorized debit collected on the 15<sup>th</sup> day of each school month (September to June). Therefore, those choosing this option will make ten equal payments in the following amounts:

Level	MEI Student	
Elementary (Grade 1-5)	\$225/mth (10 months)	
Elementary Part Time Player (Grade 3-5)	\$175/mth (10 months)	
Middle School (Grade 6-8)	\$225/mth (10 months)	
Middle School Part Time Player (Grade 6-8)	\$175/mth (10 months)	
High School (Grade 9-12)	\$250/mth starting Jan 15 <sup>th</sup> (6 months)	

### **Payment Policy**

- Parents are required to make suitable payment arrangements before the school year begins and no later than August 15.
- Monthly payments must be made by pre-authorized debit. The Pre-Authorized Debit Agreement Form is attached.
- Any monthly payments returned NSFs will be subject to a \$25 administration charge.
- Student fees are non-refundable **except** for students who withdraw from the Academy due to relocation out of the area or for medical conditions authorized by a doctor.
- Tuition and Hockey Academy accounts are expected to be in good standing in order to maintain registration in the Academy. Continued failure to keep these accounts up-to-date may result in the student being asked to leave the Academy.
- If a family is unable to comply with the above policies, they must communicate with the Program Director and alternative arrangements may be made if extenuating circumstances exist.



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# MEI Hockey Academy Pre-Authorized Debit (PAD) Agreement

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

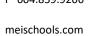
First and Last Name(s)	:	/	Complete	
Address:			Telephone:	
Email:				
Payment is made by:	☐ an Individual ☐ a Business			
Student's Name:		Grade:		
Student's Name:		Grade:		
2. Bank Account In	formation (Please include a VOIE	cheque)		
Account Number:	(maximum 12-digits)			
Branch Number:	(5-digits) II	nstitution Number:	(3-digits)	
Financial Institution:				
Branch Location:				
3. Pre-Authorized I	Debit Details			
as per my/our instructio arising under my/our M Academy will be debited	ite Educational Institute Society (ope ons for monthly recurring payments a IEI Hockey Academy fees account. I to my/our account on the 15th day card pre-notification period.	nd/or one-time payments from t Regular monthly payments for	ime to time, for payment of fees participation in the MEI Hockey	
its change or termination days before the next de	thorization at any time and it will rern. This notification must be received a bit is scheduled. I/we may obtain mion or by visiting www.cdnpay.ca.	t the school address provided abo	ove no less than ten (10) business	
reimbursement for any Reimbursement Claim, o	rse rights if any debit does not comply PAD that is not authorized or is no or for more information on my/our i ease contact the Finance Office for al	ot consistent with this PAD Agreerecourse rights, I/we may contact	ement. To obtain a form for a	
Account Holder Signat	cure:	Date:		
Account Holder Signat	cure:	Date:		



MEI Schools 4081 Clearbrook Rd T 604.859.3700

Administration & Abbotsford, BC F 604.859.9206

Finance Office V4X 2M8





## **2022-2023 CREDIT CARD PAYMENT AGREEMENT HOCKEY ACADEMY FEES**

Please complete this	form if you would like to p	pay your child(ren)'s Hoo	ckey Academy fees by cred	it card.		
I hereby authorize M	El Schools to charge my c	redit card, specified be	low, for the payment of fe	es.		
☐ Annual:	☐ Annual: One payment on September 1, 2022					
Payor's Name: Address:				-		
Phone #:				_		
Student's Na	me (Last, First)	Grade	Hockey Academy Fee			
				_		
				_		
Credit Card informat	ion:					
Visa / MasterCard #:						
Expiry Date:	/	CVV / CVC # _	(3 digit number on th	ne back of the credit card)		
Card Holder's Name:				_		
Card Holder's Signatu	re:		Date:			