

Payor's PAD Agreement

I/we authorize **The Board of Education School District 67 - Okanagan Skaha** and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments. Regular monthly payments will be debited to my/our specified account on the on the first day of each month. **The Board of Education School District 67 - Okanagan Skaha** will obtain my/our authorization for any other one-time or sporadic debits.

A debit, in paper, electronic or other form in the amount of \$ _____ may be drawn on my/our specified account Monthly beginning _____.

I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

This authority is to remain in effect until **The Board of Education School District 67 - Okanagan Skaha** has received written notification from me/us if its change or termination. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

CUSTOMER INFORMATION (Please Print Clearly)

Date: _____

Name(s): _____ Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

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

Phone Number: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ FI Number: _____
(Transit - 5 digits; FI - 3 digits)

Bank Address: _____

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

Authorized Signature(s): _____

The Board of Education School District 67 - Okanagan Skaha
Attention: Payroll Department
425 Jermyn Ave
Penticton, BC, V2A 1Z4
Tel: (250) 770-7700
E-mail: payroll@summer.com