



Waterloo Region District School Board

51 Ardelt Avenue Kitchener ON N2C 2R5
(o) 519 570 0003 Ext 4323/4379 www.wrdsb.ca

Pre-Authorized Debit (PAD) Plan Agreement

I/we authorize the Waterloo Region District School Board (WRDSB), 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 and/or one-time payments from time to time, for payment of all charges arising under my/our WRDSB account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or after the 22nd day of each month. PAD withdrawals will occur as indicated on the monthly invoice and if the account has insufficient funds the bank will automatically try to withdraw 2 business days later. This process is automatic and NSF charges may be incurred twice which are the responsibility of the Account Holder.

The WRDSB will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until the WRDSB has received written notification from me/us of its change or termination. This notification must be received at least ten (10) 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 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. The WRDSB will provide me with confirmation that they have received this completed form before debiting from my account.

PLEASE PRINT

Parent Name(s): _____ WRDSB Account #: _____ *(Internal use only)*

Child Name(s): _____

Address: _____ City/Town: _____

Province: Ontario Postal Code: _____

Phone Number: _____ Email Address: _____

Authorized Signature(s): _____ Date: _____

Financial Institution (FI): _____

FI - Transit Number: _____ Bank: _____ Account #: _____
5 digits 3 digits

FI Address _____

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

<p>Please send completed form and a void cheque to: Waterloo Region District School Board <i>Attention: Accounts Receivable</i> 51 Ardelt Ave, Kitchener, ON N2C 2R5</p>	<p>Or scan completed form & cheque and send to: finance-exdar@wrdsb.ca</p>
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This information is collected pursuant to the board's responsibilities set out in the Education Act s.198.5, and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the PAD plan. Questions regarding the collection of this information should be sent to finance-exdar@wrdsb.ca