

SPG

Out of School Society



Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____ City: _____
Province: _____ Postal Code: _____ Telephone

Number: _____

2. Bank Account Information (or attach a void cheque)

Payor Account Number: _____

Branch Transit Number (5 digits): _____

Financial Institution Number (3 digits): _____

Chequing _____ or Savings _____

Financial Institution:

Name _____ Branch

Address _____

3. Pre-Authorized Debit (PAD) Details

I/We authorize SPG Out of School Society 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 SPG account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or shortly after the 1st day of each month.

This authority is to remain in effect until SPG has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled.

Signature of Account Holder

Name (Please print)

Date
