

LETHBRIDGE CHRISTIAN SCHOOL SOCIETY

Definitions:

In this Agreement:

"I", "We", "Our", "My", "Me", "Payor" refers to the person signing This Agreement.

Pre-Authorized Debit ("PAD") means a Pre-Authorized debit or credit payment item in electronic form drawn or deposited pursuant to this Agreement on my/our account at my/our Financial Institution ("FI").

Operation:

I/We understand and undertake that:

- (a) this authorization is for the benefit of Lethbridge Christian School Society ("the Company") and my/our Financial Institution ("FI") where I/we have my/our account. My/our FI agrees to process credits or debits against my/our account in accordance with the rules of the Canadian Payment Association ("CPA");
- (b) giving this authorization to the LCS Society is the same as giving it to my/our FI;
- (c) my/our FI is not required to verify that the PAD conforms with my/our authorization;
- (d) my/our FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
- (e) revoking this authorization does not terminate any contract between me/us and the LCS Society. My/Our authorization applies only to the method of payment and has no bearing otherwise on the contract;
- (f) this debit (withdrawal) authorization is for the term of the current school year (September 1 through August 31) and I/we will need to re-authorize the LCS Society each school year.
- (g) this credit (deposit) authorization is for the term of employment with the Lethbridge Christian School Society.

Pre-Notification:

The Company and I/us agree to hereby waive all notification requirements from the Company for variable amount PADs.

I/We authorize the processing of a PAD through my account as detailed below:

Name(s) on Account: _____

Name of BANK: _____

Address of BANK: _____

Phone # of BANK: _____

MICR Field Information (or attach a VOID cheque if possible):

Branch #	Bank#	Account #

Frequency (circle): One-Time Monthly

Other (Specify): _____

Amount: \$ _____ Withdrawal Date: 1st or 20th

Signature: _____ Date: _____

The Account:

I/We confirm that:

- (a) all persons required to sign on my account with my/our FI have signed this Agreement;
- (b) I/we certify that all of the personal and account information recorded in this Agreement is correct. I/We will inform the LCS Society in writing of any change to such information at least 30 business days prior to the next due date of the PAD.

Dispute and Reimbursement:

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 FI or visit: www.cba.ca.

I/We understand that:

- (a) I/we may dispute a PAD and may claim for reimbursement if:
 - i) the PAD was not drawn in accordance with this Agreement; or
 - ii) the Agreement was revoked; or
 - iii) no Agreement exists between me/us and the purported Payee;
- (b) If I/we are claiming reimbursement, I/we must, within 90 calendar days of the date of posting of a Personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my/our FI that I/we have a claim for one of the reasons given in the preceding paragraph;
- (c) In the case where the declared condition is "no Agreement exists between me/us and the purported Payee", I/we may claim reimbursement within 90 calendar days after the posting date on my/our account statement which shows the improperly processed debit;
- (d) Any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me/us and the Company.



Lethbridge Christian School Society
3 St. James Blvd. N.
Lethbridge, Alberta T1H 6K6

Phone: (403) 320-0677

Cancellation:

I/We may revoke my/our authorization at any time, subject to providing notice of at least 30 days prior to next debit due date. I/We must advise the Company in writing or by signing the cancellation area below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I/we may contact my/our FI or visit www.cba.ca.

Authorization to cancel PAD

NOTE: This PAD Agreement will automatically terminate on August 31 of the current school year. *Do not sign below unless you are cancelling a current agreement.*

I/We **cancel** this PAD Agreement with the LCS Society:

Signature: _____

Date: _____