

SCHOOL OF ALBERTA BALLET PRE-AUTHORIZED DEBIT PAYMENT FORM TUITION AND FEES



New enrollment Change in authorization Cancellation of authorization as of _____
Month / Day / Year

Customer Information *(Please print clearly)*

Name: _____

Payer of students: _____

Mailing address: _____

City: _____ Province/State: _____ Postal code: _____

Telephone number: _____

Pre-Authorized Debit (PAD) Account Information

Financial Institution number: [][][][] Transit number: [][][][][]

Deposit Account Number: [][][][][][][][][][][][][][][][][][][] Chequing account Savings account

Financial Institution: _____
Name

Address

If this is only a cancellation of your authorization, please sign below to authorize that cancellation.
In this authorization, "you" and "your" refer to each holder of the PAD account who signs this Form. Other terms have the meaning set out in the Pre-Authorized Payment Agreement (on page 2). You authorize us to debit the PAD account for all amounts owed to us from time to time under the School of Alberta Ballet account for the payment amount indicated under Payment Options on the Form.
You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement which forms part of this Form.

Signature of account holder _____

Signature of joint account holder _____

Name *(Please print)* _____

Name *(Please print)* _____

Date *(Month / Day / Year)* _____

Date *(Month / Day / Year)* _____

IMPORTANT

You must include a "VOID" cheque for a Chequing Account or the top portion of your statement for a Savings Account. Your authorization cannot be processed without it.

If Joint Account, all authorized signatures are required.

Please fax or email your completed registration form.
calgarystudios@albertaballet.com (403) 245-2293
edmontonstudios@albertaballet.com (780) 428-4589
Thank you for choosing the School of Alberta Ballet!

Pre-Authorized Payment Agreement

In this Agreement, "we", "us", "our", and "School of Alberta Ballet" refer to the School of Alberta Ballet and its successors or assigns, and "you" and "your" refer to each holder of the PAD Account.

"PAD" means a pre-authorized debit pursuant to this Agreement and **"PAD Account"** means the account indicated on the Pre-Authorized Payment Form (the **"Form"**) or such other replacement account as indicated by you to us.

You acknowledge that this Agreement is being entered into for our benefit and the benefit of any financial institution that holds the PAD Account (the **"PAD Institution"**), and is being entered into in consideration of the PAD Institution agreeing to process PADs against the PAD Account in accordance with the rules of the Canadian Payments Association. You authorize us to debit the PAD Account for all amounts owed to us from time to time under the TD Credit Card Account for the payment amount indicated under Payment Options on the Form.

AS THE PAYMENT AMOUNT IS VARIABLE, YOU WAIVE ANY REQUIREMENT THAT SCHOOL OF ALBERTA BALLET GIVE PRE-NOTIFICATION OF ANY PAYMENT AMOUNT.

School of Alberta Ballet may issue a PAD monthly. You may cancel this authorization at any time by giving us 30 days prior notice. Such notice may be in writing or may be given orally (if we are able to verify your identity). To obtain a sample cancellation form, or for more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca. Cancellation of this authorization does not terminate the enrollment you have with the School of Alberta Ballet or relieve you of any obligation to pay all amounts owing to us by a method of payment that is satisfactory to us. This authorization applies only to the method of payment and does not otherwise affect your obligations to us. You acknowledge that this authorization to us constitutes delivery by you to the PAD Institution. You acknowledge that the PAD Institution is not required to verify that each PAD submitted by us has been issued in accordance with this authorization, including, but not limited to, the amount, or that the purpose of payment for which the PAD was submitted has been fulfilled by us as a condition of honouring the PAD. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca. You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed the Form and that the information set out on the Form with regard to the PAD Account is accurate and complete. You undertake to notify us in writing of any change in such information at least two (2) weeks prior to the next due date of a PAD.