



**OAKVILLE**  
**CHRISTIAN SCHOOL**  
*Dedicated to higher learning*

## Pre-Authorized Payment (PAP) Agreement

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NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

Street

City

Postal Code

I hereby authorize **Oakville Christian School** to debit my/our account indicated above for pre-authorized payment for tuition, supervision, consumable books, activity fees, and any other payments payable to "Oakville Christian School." Notification for additional payments outside of the monthly tuition will be sent home before payment is withdrawn. I/We waive any and all requirements for pre-notification of debiting including, without limitation, pre-notification of any changes in the amount of the PAP due to an adjustment to the tuition rate, transportation charges or membership fees. It is my understanding that this authorization may be cancelled at any time upon written notice to Oakville Christian School allowing 30 days to act upon the request for cancellation.

OFFICE USE ONLY

Monthly (**August – June**) pre-authorized payment plan: \$ \_\_\_\_\_ withdrawn on \_\_\_\_\_  
 and ten monthly payments in the amount of \$ \_\_\_\_\_ to be withdrawn on the first of each month.

**Please attach a "VOID" cheque from the account you wish to use.**

123 ANYWHERE, ONTARIO L3P 1Y3  PAY TO THE ORDER OF _____ \$ _____  MEMO _____  	<b>062</b> CHEQUE NUMBER
VOID	
CHEQUE NUMBER    BRANCH NUMBER    INSTITUTION NUMBER    ACCOUNT NUMBER	

I have read the terms and conditions governing this PAP agreement as found on the reverse side of this page and as found on the Oakville Christian School website.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

## PAP Terms and Conditions

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAP.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAP is to be issued as noted on Page 1, Cancel Payment section. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting [www.cdnipay.ca](http://www.cdnipay.ca). I/We acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAP, I/we can contact the Payee at the telephone number or address set out in this Agreement.
5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PAPs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre- Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAP will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive: (a) with respect to fixed amount business or personal PAPs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAP, and such notice will be received every time there is a change in the amount or the payment date(s); or (b) with respect to variable amount business or personal PAPs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAP; or (c) with respect to business, personal or funds transfer PAPs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAP which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAP decreases as a result of a reduction in municipal, provincial, or federal tax. Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.
8. If this Authorization provides for PAPs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAP prior to the PAP being exchanged and cleared. I/We agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAP has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAP was issued has been fulfilled by Payee as a condition to honouring a PAP issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PAPs or for funds transfer PAPs that have recourse through the clearing system, a PAP may be disputed but only under the following conditions: (a) the PAP was not drawn in accordance with this Authorization; (b) this Authorization was revoked; or (c) pre-notification was required and was not received. I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAP or a funds transfer PAP that has recourse through the clearing system or in the case of a business PAP, on or before the 10th business day, in each case after the date on which the PAP in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PAPs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAP is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAP that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit [www.cdnipay.ca](http://www.cdnipay.ca).
15. I/We acknowledge that I/we understand that I/we are participating in a PAP plan established by Payee and I/we accept participation in the PAP plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.