St. Patrick's School
PRE-AUTHORIZED DEBITS (PAD)
St. Patrick's Celtic Social Activity Club
September 2025 to June 2026

Payee Information - St. Patrick's School - 22589 121st Avenue, Maple Ridge, BC V2X 3T5
Payor - Customer whose account is to be debited

Instructions:

- Please complete all sections in order to instruct your financial institution to make payments directly from your account.
- Please sign the Terms and Conditions on the reverse of this document.

PAYOR INFORMATION (Please print clearly)

Payor Name(s) (this will match void cheque):	
Names(s) of student(s) and grade:	
Address:	
Telephone:	
Signature:	Date:
Signature:	Date:

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION

Attach a "VOID" cheque, ensuring it includes the following:
(Please note that since this is a club and not a licensed care facility, we cannot issue tax receipts.)

- Branch Number, Institution Number, Your Account Number
- Name of Financial Institution, Branch, Branch Address
- Families will be charged $25.00 for any PAD that is returned to the school (i.e. insufficient funds).

CELTIC SOCIAL ACTIVITY SOCIAL ACTIVITY PAYMENT INFORMATION:

○**Monthly:**
The payee will debit monthly on the 1st day of September, October, November 2025 & January, February, April, May & June 2026 (8 months) for $_____ (monthly fee),
and
Monthly on the 1st day of December 2025 & March 2026 (2 months) for $_____ (adjusted monthly fee).

OR

○**Drop-In:** The payee will issue a Pre-Authorized Debit (PAD) on the 15th of the month. The staff will track your use, the bookkeeper will send an invoice at the end of the month that the drop-ins take place, and the payment will be taken out on the 15th day of the following month.

Please sign the Terms and Conditions on the reverse of this document.

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.

2. I agree to participate in this Pre-Authorized Debit Plan for payment purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for services on my account indicated on the attached VOID cheque (the "Account") at the financial institution indicated on the attached VOID cheque (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally, providing notice is given at least ten (10) business days prior to the next due date of a Personal PAD. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement I must provide notice of revocation or cancellation to the Payee. The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.denpay.ca. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.

5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

6. I understand that with respect to fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date (s) of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s).

7. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:

(a) the Personal PAD was not drawn in accordance with this Agreement;
(b) this Agreement was revoked or cancelled.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a) or (b) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed personal PAD. I have certain recourse right if any debit does not comply with this agreement. For example, I 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 recourse right, I may contact my financial institution or visit www.cdnpay.ca.

8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for personal PADS.

9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below.

10. I understand and agree to the foregoing terms and conditions.
I agree to comply with the Rules of the Canadian Payments Association (as defined in Rule H1) or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

_____	_____	_____
Name of Account Holder	Signature	Date
_____	_____	_____
Name of Account Holder	Signature	Date