



I/we authorize the NWT Montessori 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 NWT Montessori Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specific account on the 1st day of each month unless otherwise specified. The NWT Montessori Society will obtain my/our authorization for any other one-time sporadic debits.

This authority is to remain in effect until the NWT Montessori Society has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). The NWT Montessori Society may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have a certain recourse right if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

PLEASE PRINT DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number:(Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution (3 digits): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number (5 digits): \_\_\_\_\_

**Institution Information**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_