

PRE AUTHORIZED DEBIT AGREEMENT



I agree to pay my child's tuition fees via Pre-Authorized Debit.

This agreement is valid as long as my child remains enrolled at AvH. Please note that we are only able to associate one bank account per client.

- I agree to pay my balance in 10 equal payments starting on September 1 and ending on June 1 of the respective school year (pre-authorized debit mandatory)
- I agree to pay my balance in 2 payments on September 1 and on February 1 of the respective school year
 - First payment is 50% of balance
 - Second payment is 50% of balance
- I agree to pay my balance in 1 payment on September 1 of the respective school year

We **will not** send you a monthly reminder for payment collection. Please make sure your account is covered on each payment collection date, otherwise additional fees will apply. **IMPORTANT: If you choose the monthly option, pre-authorized debit is MANDATORY.**

The debit will be processed from my

- Personal account
- Business account (=corporate fee)

on the 1st day of the month, or the next business day. Please note that there may be a delay in processing the September 1st payment (we will process this payment on September 14).

Name of the child | children

Client Name (as indicated on void cheque) <input type="text"/>	
Financial Institution Name <input type="text"/>	PLEASE ATTACH A VOID CHEQUE
Account Number <input type="text"/>	Transit number <input type="text"/>
Phone number <input type="text"/>	Email Courriel <input type="text"/>

I may revoke my authorization at any time and change my banking information subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit Agreement, I may contact my financial institution or visit www.cdnpay.ca.

For inquiries, please contact: Fabienne Cooper or Stefanie Multhaupt at 514-457-2886, ext 223
Email: accounts@avh.montreal.qc.ca.

I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature : _____ Date :