

PRE AUTHORIZED DEBIT AGREEMENT



I agree to pay my child's tuition fees and other school related costs (books, excursions, etc.) 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 the tuition fees 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 the tuition fees in 2 payments on September 1 and on February 1 of the respective school year
 - First payment is 50%
 - Second payment is 50%
- I agree to pay the tuition fees in 1 payment on September 1 of the respective school year

The invoice will be sent to you via email prior to the direct debit being processed. 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.

Name of the child | children

Client Name (as indicated on void cheque) <input type="text"/>	
Financial Institution Name <input type="text"/>	<i>PLEASE ATTACH A VOID CHEQUE</i>
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 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 :