



# St. Michaels University School

Outstanding preparation for higher learning and for life.

## Bank Transfers 2010-2011 School Year

You may wish to transfer funds directly to the SMUS bank account. This may be done through your own bank by using our bank address and account number as follows:

Royal Bank of Canada  
Main Branch Victoria  
1079 Douglas Street  
Victoria, BC  
CANADA V8W 2R7

**Payable to the order of:**

ST. MICHAELS UNIVERSITY SCHOOL  
3400 Richmond Road  
Victoria, BC  
CANADA V8P 4P5

ACCOUNT# 08000-003 1002245  
GENERAL ACCOUNT  
SWIFT CODE: ROYCCAT2  
ABA: 021 000 021

**Please be sure to quote the STUDENT'S NAME AND GRADE on the transfer. This will enable us to credit the funds to the appropriate student's account.**

If any further information should be required, please contact Diana Strandberg in the Financial Services Office or Maurine McKay in the Admissions Office.

**Admissions:**  
Maurine McKay  
Direct Line: (250) 370-6170  
Toll Free: 1-800-661-5199  
(Canada and US only)  
E-mail: [admissions@smus.bc.ca](mailto:admissions@smus.bc.ca)

**Financial Services:**  
Diana Strandberg  
Direct Line: (250) 370-6165  
E-mail: [finance@smus.bc.ca](mailto:finance@smus.bc.ca)



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## Pre-Authorized Payment Agreement (Canadian Bank Accounts Only)

I/we authorize St. Michaels University School (SMUS) and the financial institution designated 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 SMUS Student account(s). Regular monthly payments will be debited to my/our specified account on the 30th day of each month for tuition fees and the 25th day of each month for the student account balance. SMUS will provide 10 days written notice via the student account statement of the student account balance due and will provide the tuition fee schedule which provides the monthly tuition fee payment for the ten months July to April.

This agreement is to remain in effect until SMUS 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 have certain recourse rights 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 more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

### Student Account Information

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Account #: \_\_\_\_\_

Student Name (Sibling) \_\_\_\_\_ Student Acct # (Sibling): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(include city, postal code, country)

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By signing below I authorize the following:

- Monthly Tuition Fee Payment for July-April to be deducted on last day of the month
- Student Account Balance to a maximum of \$\_\_\_\_\_ to be deducted on the 25th of the month

### Bank Account Information

Financial Institution Name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Branch transit #: \_\_\_\_\_

(please attach a void cheque for our records)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Signature if applicable: \_\_\_\_\_ Date: \_\_\_\_\_