



St. Michaels University School

Outstanding preparation for higher learning and for life.

Pre-Authorized Payment Agreement Form (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 last 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 by the school's Financial Services office at least ten (10) business days before the next debit is scheduled.

I/we have certain recourse rights if any debit does not comply with this agreement (for example, the right to receive reimbursement). To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Student Account Information

Parent/Guardian Name: _____

Student Name: _____ Student Account No.: _____

Student Name (Sibling): _____ Student Acct No. (Sibling): _____

Mailing Address: _____
(street, city, postal code, country)

Telephone No.: _____ E-mail: _____

By signing below I authorize the following:

- Returning student deposit Tuition Refund Plan payment
- Tuition fee payment as per the completed Payment Options form
- 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 No.: _____ Branch transit No.: _____

(please attach a void cheque for our records)

Authorized Signature: _____ Date: _____

Secondary Signature (if applicable): _____ Date: _____