Al-Falah Center School

2401 47 street NW, Edmonton AB, T6L 4P6
Tel:(780)988-2289 - alfalahschool@gmail.com

PRE-AUTHORIZED PAYMENT

1. MEMBER INFORMATION

Fill member details only if different than Applicant information.

Last Name	First Name	Middle Name(s)
Mailing Address	City/Community	
Territory/Province	Postal Code	Phone Number
Email Address (print clearly)		

2. Pre-Authorized Debit (PAD)Details

I, the Payor, _____ , hereby authorize the Al-Falah Center To withdraw on the 1st or 15th of each month in the total amount of $_____ for the school fees for the listed students in page 1 of this form. and one-time registration fee in the total amount of $_____.

These services are for (check one) _____personal _____business use effective _____

3. BANKING INFORMATION

Name of Financial Institution		Branch Address	
Bank Number (3 Digits)	Transit Number	Account Number	Chequing Account: ☐ Savings Account: ☐

4. AUTHORIZATION (must be signed)

1. In this Authorization 'I', 'me', 'my' and 'you' refer to each Account-Holder who signs below.
2. I authorize the Al-Falah Center to debit (a 'Pre-Authorized Debit') my account indicated above at the Financial Institution branch indicated above for the purpose of enrolling my children in the Al-Falah Center school.
3. I agree to attach a void cheque or a bank letter of my account info at the time of registration.
4. You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days to the treasurer. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca. Al-Falah center may also cancel this PAD agreement on not less than (15) days' notice to you.
5. I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit has been drawn in accordance with this authorization, including the amount, frequency and fulfillment of purpose of any Pre-Authorized Debit.
6. I agree that the delivery of this authorization to Al-Falah Center constitutes delivery by me to the Financial Institution (if Applicable).
7. I will inform the Al-Falah Center, in writing, of any change in the Account Information provided in this authorization at least five (5) working days prior to the next due date of the Pre-Authorized Debit mentioned above.
8. I warrant that all persons whose signatures are required to sign on the Account have signed this authorization.
9. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca

Account Holder's Name - Print Name	Account Holder's Signature	Date - DD/MM/YYYY
_____	_____	_____
_____	_____	_____