



Society for Talent Education

10720 – 54St. Edmonton, AB T6A 2H9

Ph 780-469-7382 Fax 780-463-8222

www.ste-suzukistrings.org

Automatic Withdraw Payment Agreement

Student(s) Name(s) _____

Account Holder's Name _____

Address _____
_____ Postal Code _____

Phone _____

Monthly Fees

Lesson fees (please list the amount for each child) \$ _____ \$ _____

\$ _____ \$ _____

Instrument Rental(s) \$ _____ \$ _____

Total Monthly withdraw \$ _____

I hereby authorize the Society for Talent Education the debiting of my account in the amount of \$ _____ by method of Electronic Funds transfer on the 1st day of each month, September -June.

I, the payer, may revoke this authorization at any time, subject to providing 15 days' notice.

Banking Information *Please attach a VOID cheque

Bank Route # _____ Bank Transit # _____ Account # _____

Name of Bank _____

Bank Address _____
_____ Postal Code _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any Pre-Authorized debit (PAD) that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I can contact my financial institution, or visit www.cdnpay.ca

Account holder signature _____ Date _____