



# Society for Talent Education

10310-56 ST NW, Edmonton AB T6A 2J2

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

[www.ste-suzukistrings.org](http://www.ste-suzukistrings.org)

## Automatic Withdraw Payment Agreement

Student(s) Name(s) \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Postal Code \_\_\_\_\_

### Registration Fee

*I hereby authorize the Society for Talent Education the debiting of my account in the amount of \$125 by method of Electronic Funds transfer on the 1<sup>st</sup> day of July, for registration fee.*

### Donation (Yes) (No)

*I hereby authorize the Society for Talent Education the debiting of my account in the amount of \$250 by method of Electronic Funds transfer on the 1<sup>st</sup> day of September, for donation in lieu of volunteering.*

### 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 1<sup>st</sup> day of each month, September to 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](http://www.cdnpay.ca)

Account holder signature \_\_\_\_\_

Date \_\_\_\_\_