Society for Talent Education

10310 - 56 ST NW, Edmonton AB T6A 2J2
Ph 780-469-7382 Fax 780-463-8222
www.ste-suzukistrings.org

Automatic Withdrawal 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 **1st 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 **1st day of September**, for donation in lieu of volunteering.*

Volunteer Deposit (If you choose to volunteer)

*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 **31st day of May**, if my volunteering duty is incomplete for the year.*

Annual Fee

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

Instrument Rental(s) $_____ $ _____ $_____

*I hereby authorize the Society for Talent Education the debiting of my account in the total amount of $_____ by method of Electronic Funds transfer on the **1st day of September***

Monthly Fees

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

Instrument Rental(s) $_____ $ _____ $_____

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

*I, the payer, may revoke this authorization by providing **15 days' written notice** to the STE Office.*

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* _____