Society for Talent Education

5540 106 AVE NW, Edmonton AB T6A 1G3
Ph 780-469-7382 Fax 780-463-8222
www.ste-suzukistrings.org

Automatic Withdraw Payment Agreement

Student(s) Name(s) _____ _____

_____ _____

Account Holder's Name _____ Phone _____

Address _____ 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.

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 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

Account holder signature _____ *Date* _____