



PRE-AUTHORIZED DEBIT AGREEMENT

(school fees only — no hot lunches)

Customer Name: _____

The debits authorized hereunder are for business purposes:

Name of Bank or Financial Institution: _____

Address: _____

City/Town: _____

Province: _____

Account Number: _____

Transit Number: _____

Institution Number: _____

I have attached a cheque marked VOID or a printout from your online banking.

I/We acknowledge that this authorization is provided for the purpose of a pre-authorized debit agreement between ATB financial and the bank or financial institution listed and will terminate on the date specified or the end of the school year, whichever occurs first. I/We understand that I/we have certain recourse rights if any debit does not comply with this authorization, and that this authorization may be cancelled by written notice and will be effective 10 days after receipt.

Date

Customer Signature