

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT (2025-2026)

**1. Customer Information:** *(Please Print Clearly)*

Name: \_\_\_\_\_

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

Street Address:

City: Province: Postal Code:

Primary Telephone Number: Email:

## 2. Bank Account Information

[illegible]

Bank Transit Number: 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 Financial Institution Number: 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

☐ Chequing Account      ☐ Savings Account

Financial Institution Name:

Branch Address:

### 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **Chatham Music Academy (2522536 Ontario Limited)** to debit the bank account identified above for \$ \_\_\_\_\_ on the 15th of every month until the end of the 2025-2026 year or authorized otherwise.

These services are for (check one)

☐ *Personal*

☐ *Business Use*

*If you receive books throughout the year,  
would you like to have them added to  
your PAD payment?*

☐ *Yes*☐ *No*

You, the Payor, may revoke your authorization at any time (*in writing or by phone*), subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit **[www.cdnpay.com](http://www.cdnpay.com)**

Signature of Account Holder:

Signature of Joint Account Holder *(if applicable)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

When this form is complete, please return to: **CHATHAM MUSIC ACADEMY**  
155 Thames Street, Chatham ON. N7L 2Z2  
226-996-5504. [info@chathammusicacademy.com](mailto:info@chathammusicacademy.com)

# PRE-AUTHORIZED DEBIT (PAD) SCHEDULE 2025-2026

(For Office Use)

| Month     | Amount                             | Description            |  |
|-----------|------------------------------------|------------------------|--|
| September | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| October   | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| November  | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| December  | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| January   | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| February  | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| March     | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| April     | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| May       | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| June      | <div><div></div><div>+</div></div> | <div><div></div></div> |  |
| July      | <div><div></div></div>             | <div><div></div></div> |  |
| August    | <div><div></div></div>             | <div><div></div></div> |  |

