

## PRE-AUTHORIZED PAYMENT PLAN

PLEASE PRINT *(Signing this form will be an acknowledgement of this agreement)*

Account Holder(s)' Name(s): \_\_\_\_\_

Contact information as per attached cheque. Notification should be given of any address changes immediately.

Amount to withdraw: \$ \_\_\_\_\_  Variable

Please check one of the following:  1st of the month  15th of the month

VOID cheque attached

Please indicate if you are changing the bank account already in our records

**AUTHORIZATION** *(If only one signature is required for the Account, then only one Payor need sign. If two or more signatures are required, then both or all Payors must sign)*

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

\_\_\_\_\_  
*Account Holder's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Account Holder's Signature*

\_\_\_\_\_  
*Date*

### WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable adjustments or tuition increases.

\_\_\_\_\_  
*Account Holder's Signature*

\_\_\_\_\_  
*Account Holder's Signature*

### CANCELLATION OF PAYMENT *(30 days notice is required before the next PAD will be issued)*

The above named account holder(s) are cancelling this PAD agreement effective: \_\_\_\_\_

\_\_\_\_\_  
*Account Holder's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Account Holder's Signature*

\_\_\_\_\_  
*Date*

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