



ST. PATRICK'S ELEMENTARY SCHOOL

NEW FAMILIES

Pre-Authorized Debit Authorization Form (PAD) and Electronic Funds Transfers (EFTs) Agreement for 2023-2024 Tuition and Fee Payments

Student Information: PLEASE PRINT

1. _____ Last Name	_____ First Name	_____ Entering Grade
2. _____ Last Name	_____ First Name	_____ Entering Grade
3. _____ Last Name	_____ First Name	_____ Entering Grade
4. _____ Last Name	_____ First Name	_____ Entering Grade

INSTRUCTIONS:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" or have your financial institution provide a form with your bank account information if you have changed your financial institution and or accounts.

Payee Information: PLEASE PRINT CLEARLY & ATTACH A VOID CHEQUE.

_____	_____	_____	_____
Last Name of Account Holder(s)	First Name of Account Holder(s)	Email Address	Phone Number
_____	_____	_____	_____
Home Address	City	Province	Postal Code

PARISH WHERE REGISTERED

ENVELOPE NUMBER if St. Pat's
*must be indicated for Parish Rates

TUITION RATES: 2023-2024

Number of Children/Category	Registered Parishioners	Non-Parishioners
1 Child	\$358.00/month (\$3580.00/year)	\$470.00/month (\$4700.00/year)
2 Children	\$629.00/month (\$6290.00/year)	\$743.00/month (\$7430.00/year)
3+ Children	\$763.00/month (\$7630.00/year)	\$880.00/month (\$8800.00/year)

OTHER FEES for 2023-2024:

General Fee	\$150.00 per student due upon acceptance and non-refundable. This fee covers expenses related to copying class resources, paper, student resource textbooks, student consumable workbooks, class resource fees, agendas, art, music and gym equipment and other essential resources.
Emergency Prep Fee	\$40.00 For all new students Kinder through 7; and all returning Grade 4 students
School Supplies	\$50.00 per student due upon acceptance and non-refundable. This fee covers expenses related to student consumable supplies. To save costs these items are purchased in bulk & kept at school for students use.
Fundraising	\$150 minimum per family
Parent Participation	48 hours which is equivalent to \$25/hour; Non-Participation Fee is \$1,200/per year.

Pre-Authorization Debit (PAD)

I/We authorize Saint Patrick's Elementary School to debit my/our account with the aforementioned financial institutions as indicated above, for the purpose of monthly tuition fees and miscellaneous payments. In the event that a payment is returned, I/we also authorize the school to re-submit the payment plus an administrative fee NSF of \$20.00
In order to facilitate any changes to your bank account, the school office must receive the information in writing at least 10 days prior to the tuition withdrawal date.

TUITION: (Please initial each line)

____ Pre-authorization is given for 10 monthly debits for the months of August 1, 2023 to May 1, 2024 inclusive as per the 2023-24 Tuition Rates. For all student(s), please note that school fees for the month of September will be charged on August 1st, 2023 and are non-refundable. Other debits will take place on the first (1st) day of each month or the next business day through May 2024.

OTHER FEES: (Please initial each line.) **These fees will be withdrawn on February 22, 2023** (or upon acceptance if later).

____ General Fee (Per student - Non-Refundable)

_____ × \$150.00 = \$ _____
No. of children

____ Emergency Fee (Per student - Non-Refundable)

_____ × \$40.00 = \$ _____
No. of children

____ \$50 School Supplies (Per student - Non-Refundable)

_____ × \$50.00 = \$ _____
No. of children

Other Incidentals: (Please initial each box)

St. Patrick's Elementary School will continue to use PAD to collect incidental fees from families. In practical terms what this means is that when the school notifies you of an incidental fee for your child (for example, a field trip fee) that these funds will be debited directly from your bank account by the school. We use this process to help automate our payments processing and reduce the need to handle physical cash/ cheques. In order to do this, we require your authorization and a copy of a void cheque.

Please note that St. Patrick's Elementary School will only withdraw the specified amount after first having notified you of the amount and purpose for which the fee is being levied and the date that the funds will be debited from your account. In using this payment process we will reduce substantially the school's overhead (collecting physical cash, the depositing of such cash at the bank, its reconciliation, not to mention avoiding cases where a child might lose the money on the way to school).

I, consent to St. Patrick's Elementary School debiting from my bank account payment for incidental activities related to my child's education that occur during the course of the 2023-24 school year recognizing that the school will only do so after first informing me of the activity, its cost and the date the funds will be withdrawn from my account.

Unfulfilled Parent Participation Fees will be debited from my bank account on June 21, 2024. All families are expected to complete 48 hours of participation which is equivalent to \$1,200 (\$25/hour) participation or \$1,200 for Non-Participation per year.

Unfulfilled Fundraising monies will be debited from my bank account on June 21, 2024 if ~~not~~ completed by June 1st 2024. Please be advised that each family is required to contribute a minimum of \$150.00 of fundraising per family.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date



ST. PATRICK'S ELEMENTARY SCHOOL

PAYOR'S PAD AGREEMENT PERSONAL PRE-AUTHORIZED DEBIT PLAN

Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules and the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing. I acknowledge that in order to revoke or cancel the Agreement provided in this Agreement, I must provide notice or revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I understand that with respect to:
 - (a) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment dates(s); or
 - (b) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD.
 - (c) Fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for the change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.OR
 - (d) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid Agreement for the Payee or its agent to debit my account.

8. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
- (a) the Personal PAD was not drawn in accordance with this Agreement;
 - (b) this Agreement was revoked or cancelled; or
 - (c) any pre-notification required by section 6(b) was not received by me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date of which the disputed Personal PAD I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.

9. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
11. I understand and agree to the foregoing terms and conditions.
12. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
13. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente Agreement et tous les documents s'y rattachant soient rédigés et signée en anglais.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date