



5051 Mainway, Burlington, ON L7L 5H9

T: (905) 340-3142 | www.NewGAA.ca | admissions@NewGAA.ca

NEW GAA – PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Payee: The New Glenn Arbour Academy Inc.

Address: 5051 Mainway, Burlington, ON L7L 5H9

Phone: (905) 340-3142

Website: www.NewGAA.ca

Email: admissions@NewGAA.ca

1. PAYER INFORMATION

Student Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

2. BANKING INFORMATION

Please attach a VOID cheque or complete the following:

Name of Financial Institution: _____

Institution Number (3 digits): _____

Transit Number (5 digits): _____

Account Number: _____

Type of Account: ☐ Chequing ☐ Savings

3. PAYMENT DETAILS

Purpose: Tuition and related school fees

Payment Frequency:

☐ Monthly ☐ Semi-Annual ☐ Other: _____

Amount: \$_____ OR ☐ Varies by invoice

Start Date: ____ / ____ / ____ (DD / MM / YYYY)



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4. AUTHORIZATION

By signing below, you authorize The New GAA to withdraw funds from your bank account as specified above. This authorization is provided for the benefit of The New GAA and your financial institution. You waive any requirement for pre-notification of payment, unless the amount or frequency of the payment changes.

5. RETURNED PAYMENTS

In the event of a returned payment due to insufficient funds or other reasons, a \$50 NSF fee will be charged. You are responsible for promptly settling any outstanding balance.

6. DISPUTE RIGHTS

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. For more information on your recourse rights, contact your financial institution or visit www.payments.ca.

7. CONFIDENTIALITY

We are committed to protecting your privacy. All banking and personal information will be kept strictly confidential and used only for authorized payment processing.

By signing below, I/we acknowledge that I/we have read, understood, and agree to the terms and conditions of this Pre-Authorized Debit Agreement.

Authorized Signature(s):

1. _____ Date: _____

2. _____ Date: _____

FOR SCHOOL USE ONLY

Received By: _____ Date: _____

Account Entry Completed: ☐ Yes ☐ No

Comments: _____