



Instructions:

- Complete this form, sign and date it and forward the original with a void cheque to the mailing address noted below. If you require more information or need assistance to complete this form please call 604-569-0033 or toll free 1-800-661-7441.
Payments must be paid in the usual manner until you are notified that your PAD arrangement is in effect.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information requested on this form is collected under the authority of the Financial Administration Act in compliance with the FOIPPA and will be used to process your pre-authorized debit plan application. The financial information contained below is protected under the provisions of the FOIPPA and will be used only for the pre-authorized debit plan. Questions about the collection or use of this information should be directed to Corporate Finance, Ministry of Advanced Education and Skills Training PO Box 9434 Stn Prov Govt, Victoria, BC V8W 9B5

(Email: corporatefinancehelpdesk@gov.bc.ca)

Section A- Applicant's Business Information - Please Type or Print Clearly
Institution ID No. Institution Operating Name
Institution Legal Name
Mailing Address City Province Postal code

Section B- Applicant's Financial Institution Information - Please Type or Print Clearly
Void Cheque Enclosed or authorizing documentation from Financial Institution indicating transit number, bank number and bank account number
5 Digit Transit No. Bank No. Bank Account No.
Name of Bank Account Holder, if different from above.
(Financial Institution Name) (Financial Institution Address)

Section C- Authorization

I/We have read, understood, and accept all provisions contained on this form, including the Terms and Conditions on page 3. Any delivery of this authorization to the Ministry of Advanced Education and Skills Training (Province of British Columbia) constitutes delivery by me/us to the bank or financial institution (hereafter referred to as bank).

The Ministry of Advanced Education and Skills Training (Province of British Columbia) is hereby authorized to withdraw funds from my/ our bank account identified above to cover amounts due as per the payment schedule provided by the Ministry of Advanced Education and Skills Training, Private Training Institutions Branch. I am/ We are all the persons whose signatures are required to sign on the above account.

I/We undertake to promptly notify the Ministry of Advanced Education and Skills Training, Private Training Institutions Branch, in writing, of any change in the account information provided in this authorization and understand that by law, the ministry must be advised within 14 days of any change to the address on the account.

I/We have certain recourse if any debit does not comply with this agreement. For example I/we 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 my/our recourse rights, I/we may contact my/our financial institution or review the Payments Canada consumer guide (<https://payments.ca/paying-pre-authorized-debit>) to understand my/our rights and responsibilities.

I/We hereby waive any and all requirements for pre-notification of debiting as payments will be debited as per payment schedule as provided by the Ministry of Advanced Education and Skills Training, Private Training Institutions Branch.

_____	<table border="1"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr></table>	YYYY	MM	DD	_____
YYYY	MM	DD			
Name and Title of Bank Account Holder	Date Signed	Signature			
_____	<table border="1"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr></table>	YYYY	MM	DD	_____
YYYY	MM	DD			
Name and Title of Bank Account Holder	Date Signed	Signature			

Province of British Columbia Pre-Authorized Debit Plan (PAD)
Terms and Conditions

Signing this application provides authorization for the benefit of the Ministry of Advanced Education and Skills Training and our financial institution, and is provided in consideration of your bank agreeing to process debits against the bank account indicated on the front of this form (hereafter referred to as “ your account”), in accordance with the rules of Payments Canada.

The amount to be withdrawn against your account will be in accordance with your payment schedule. The Ministry of Advanced Education and Skills Training and your bank will process debits against your account and withdraw all such amounts without any pre-notification or consent by you.

Payments must be paid in the usual manner until you are notified that your PAD arrangement is in effect.

All selected pre-authorized debit withdrawal dates will occur as per payment schedule, or when the selected date is on a weekend or statutory holiday, on the next business day.

If your monthly pre-authorized payments are returned, an applicable service charge will be applied.

You may cancel this authorization by notifying the Ministry of Advanced Education and Skills Training, Private Training Institutions Branch at least 28 calendar days in advance of your next pre-authorized debit withdrawal. (Neither discontinuation of the pre-authorized debit withdrawal by the Ministry of Advanced Education and Skills Training nor cancellation of this authorization by you terminates the debt to the Province of British Columbia.

Your bank is not responsible for verifying whether payments have been issued in accordance with the particulars of this agreement.

You have the right to dispute any debit that does not comply with this agreement. For example, the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement or payment schedule provided. Contact your financial institution for additional information on disputing a pre-authorized debit and receiving reimbursement. Review the Payments Canada consumer guide (<https://payments.ca/paying-pre-authorized-debit>) to understand your rights and responsibilities.