

Automatic Payment Enrollment Form

Conditions

1. To revoke this agreement, I must deliver a written notice to the Society 30 days before the revocation date.
2. The Society will take the necessary measures to ensure withdrawals for a fixed amount on a fixed date and according to a fixed cycle, as indicated in the Table of pre-authorized payments. Any change will be preceded by a written notice at least 10 days before the date of implementation by the Society.
3. Any changes to the account information provided in this authorization before the due date for the pre-authorized withdrawal will be provided in writing to the Society.
4. I acknowledge (we acknowledge) that the bank is not required to verify that the withdrawal has been made in accordance with the details of the authorization, particularly with regard to the amount and frequency of payments.
5. I acknowledge that the bank is not required to verify the purpose of the payment for which the withdrawal was made for the Society.
6. I acknowledge that any payment with insufficient funds (NSF) will be required to be paid in full immediately with an additional \$50 administration fee.
7. I can dispute a pre-authorized withdrawal in the following circumstances:
 - i. the pre-authorized withdrawal was not carried out in accordance with this authorization;
 - ii. this authorization has been revoked;
 - iii. the withdrawal was posted to the wrong account due to an error in the account information provided by the Society.

I acknowledge that, to be reimbursed, I must complete a declaration that (i), (ii), or (iii) has taken place and that I must present it to the financial institution where my (our) account is located, within 90 days.

I acknowledge that a request for reimbursement based on the fact that the authorization of the Society has been revoked is a matter to be settled only between myself and the Society when a withdrawal is contested after 90 days.

CENTRE COMMUNAUTAIRE FRANCOPHONE DE TRURO (CCFT)

50, Aberdeen Street, Truro, Nova Scotia B2N 4V3

Phone: (902) 897-6864 Email: centrefranco@ns.aliantzinc.ca

8. The account from which the Society is authorized to make withdrawals is indicated below. A blank check, if any, for this account has been marked "Void" and is attached to this authorization form.

Parent or Guardian 1	
Parent or Guardian 2	
Address:	
City and Province	Phone
Financial Institution	
Financial Institution Address:	
Account Number:	
Account Category (personal or corporation):	
Email address (will be used for all communications with regards to your file as well as your year end receipts, if applicable):	

Please attach a voided check to this form

9. All individuals whose signatures are required for this account have signed this agreement.
10. I authorize the Society to make withdrawals from my bank account, for the purposes indicated above.
11. Any future changes to these banking arrangements **MUST BE FORWARDED** to CCFT: 50 Aberdeen St, Truro, NS, B2N 4V3 or email: centrefranco@ns.aliantzinc.ca

Authorized Signature : _____ Date : _____

Authorized Signature : _____ Date : _____