



Pre-authorized Debit (PAD) Agreement

1. Student Information: (Please print clearly)

Name: _____

UVic ID:

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number: _____

e-Mail: _____

2. Bank Account Information: (A void cheque must be attached)

Account Number:

Branch Transit Number

Financial Institution Number:

Chequing Account: ☐

Savings Account: ☐

Financial Institution: Name _____

Branch Address _____

3. Pre-Authorized Debit (PAD) Details

I/We the Payor authorize the University of Victoria to debit the bank account identified above for Tuition Payments, per the terms outlined below and pursuant to the account information, until such time as ten (10) days prior written notice is provided to UVIC Accounting Services requesting termination of pre-authorized Payment Service. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca or <https://web.finance.uvic.ca/forms>

These services are for (check one)

Personal ☐

Business ☐

I/We hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of Pre-Authorized Debits drawn against my/our Account at my/our Financial Institute in accordance with this authorization. ☐ Initial.

Date		Signature	
		Signature of Joint Account Holder(If Applicable)	

Term	Total Fees	# of Months	Monthly Amount	Start Date	End Date

A fee of \$25 must be received with this form. This fee is applicable with each PAD renewal.

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. To obtain more information on your rights, contact your financial institution or visit www.cdnpay.ca

When the form is complete please bring to
UVic Accounting Services Office.

University of Victoria

University Center

2nd Floor Room B250

Phone: 250-721-6648

Mailing Address:

Accounting Services

University of Victoria

PO Box 3040 STN CSC

Victoria, BC, Canada

V8W 3N7