



Please complete Pre-Authorized Debit (PAD) Plan Agreement Below

I/We authorize **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)**, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** Regular payments for the full amount of services delivered will be debited to my/our specified account on the last pay of each month (Note: for May and June where it will be every pay to cover for summer months' benefits for Teachers, TTOCs, and ASAs). **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** has received written notification from me/us of its change or termination. This notification must be received at least (10) ten business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA) may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We has certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Employee Number: _____

Type of Service: **Personal**

PLEASE PRINT

DATE: _____

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (Bus): _____ (Res): _____

Financial Institution (FI): **AS ON FILE IN THE SCHOOL DISTRICT PAYROLL SYSTEM**

FI Account Number: N/A

FI Transit Number: N/A

Address: N/A

City/Town: N/A Province: N/A Postal Code: N/A

Employee Signature(s): _____

Acceptable signatures include: 1) Print and sign in ink or 2) Save the form as a PDF and sign with a digitally drawn signature. (not typed, nor a handwritten font style)

The Board of Education School District 61 (Greater Victoria)
For all benefit inquiries, please contact Benefits Specialist
at the Payroll & Benefits Office: benefits@sd61.bc.ca