



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ اللَّهُمَّ صَلِّ عَلَى مُحَمَّدٍ وَآلِ مُحَمَّدٍ

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I (We) give permission to Al-Hayaat School and its banking institution to process a debit transaction of \$_____ from my (our) account for which the information is given below. This transaction may be processed in paper, electronic, or alternative format on the _____ day of each _____, commencing on _____ (yyyy/mm/dd).

Bank #
Transit #
Account #

I (We) confirm that I (we) have reviewed, comprehended, and agreed to all terms and conditions outlined in the next page.

Last Name	First Name
Address (Street, city, province, postal code)	
Phone number	Email address
Signature	Date



Terms and Conditions

1. I (We) acknowledge that this authorization is provided for the benefit of Al-Hayaat School and my (our) bank, trust company, or credit union. It is given in consideration of my (our) financial institution agreeing to process debits from my (our) account in accordance with the rules of the Canadian Payments Association.
2. I (We) confirm that all individuals required to authorize transactions on this account have signed this agreement.
3. I (We) hereby authorize Al-Hayaat School to withdraw funds from my (our) current, checking, or savings account with my (our) financial institution for school fees to Al-Hayaat School.
4. I (We) acknowledge that this agreement will take effect starting the month of August 2026 and ends in May 2027 (inclusive).
5. This authorization may be canceled at any time upon providing written notice. I (We) understand that to revoke this authorization, I (We) must notify Al-Hayaat School 30 days before the next withdrawal date.
6. I (We) acknowledge that providing this authorization to Al-Hayaat School constitutes delivery to my (our) financial institution.
7. The payer and payee agree to waive the pre-notification requirement specified in Section 7 of Appendix II of Rule H4 of the Canadian Payments Association.
8. I (We) agree to inform Al-Hayaat School in writing of any changes to the account details provided in this authorization 20 days before the next scheduled payment withdrawal.
9. The account to be debited is indicated in the accompanying authorization. A specimen cheque marked "VOID" is attached as required.
10. I (We) acknowledge that my (our) financial institution is not required to verify that a PAD has been issued according to the payer's authorization, including the amount.
11. I (We) acknowledge that my (our) financial institution is not required to verify that Al-Hayaat School has fulfilled the purpose for which the PAD was issued before processing the payment.
12. A PAD may be disputed by the payer under the following conditions:
 - a. The PAD was not processed in accordance with the payer's authorization.
 - b. The authorization was revoked more than 30 days ago.
13. To request reimbursement, the payer must submit a declaration stating one of the above reasons and send it out at finance@alhayaat.ca
14. Any disputes must be resolved directly between the payee and payer.

Initials: _____