



GOBIND SARVAR SCHOOL

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Email: info@gobindsarvar.ca

DIRECT DEPOSIT AUTHORIZATION

Section A - Payee identification

STUDENT NAME:

Grade:

PAYEE NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE #:

EMAIL:

Section B - Banking information

FINANCIAL INSTITUTION NAME:

FINANCIAL INSTITUTION ADDRESS:

TRANSIT NUMBER:

ACCOUNT NUMBER:

ACCOUNT TYPE:

Section C - Authorization

I, _____(Payor), authorize Gobind Marg Charitable Trust Society to debit the bank account identified above for \$_____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (check one): Personal use (school fees)

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. 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.payments.ca. By signing this letter, I am aware that the amount being debited from my account is ongoing until I request in writing to cancel otherwise. All information will be kept confidential.

PRINT NAME OF ACCOUNT HOLDER:

SIGNATURE OF ACCOUNT HOLDER:

START DATE:

Please attach void chq. with the form. Forms without Void Chq will not be accepted.