



**Catholic Independent Schools
of Vancouver Archdiocese**
Benefit Plan Programme

Pre-Authorized Debit (PAD) Agreement

1. Personal Information (Please print clearly)

Employer (School/Parish):	
Division Number:	
Street Address:	
City / Province:	
Postal Code:	
Telephone Number:	

2. Bank Account Information: Attach VOID cheque

Financial Institution Number/Name:	
Account Number:	
Branch Transit Number:	

Please attach VOID cheque.

You, the School/Parish (Payor) hereby authorize Catholic Independent Schools of Vancouver Archdiocese (CISVA) to debit the bank account identified on the attached void cheque as a payment for the Monthly Benefit Premium.

Authorized Signature:	Authorized Signature:
Printed Name:	Printed Name:
Date:	Date: