



CIBC National Student Centre
Centre national CIBC pour étudiants

P.O. Box 5055
Burlington ON L7R 4P3
Tel.: 1-800-563-2422 Fax: 1-800-931-2000

Personal Pre-Authorized Payment Agreement

1. Customer Information (Please print clearly)

First Name: _____ Last Name: _____

Street Address: _____ Apartment/Unit: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____

2. Personal Type Pre-Authorized Payment details (Please print clearly)

Loan Number: _____ You hereby authorize CIBC **National Student Centre** to debit the bank account identified on this form, effective _____ (insert month – all payments default to last day of month), in the amount of \$_____, to repay your student loan(s) as stipulated on your Consolidated Student Loan Agreement. (**Note:** Subsequent payments will be withdrawn each month until the loan has been paid in full).

3. Bank Account Information (Please print clearly and attach copy of your void cheque along with this agreement)

Financial Institution Name: _____ Branch Transit Number: _____
Institution Code: _____ Account Number: _____

If the funds are to be withdrawn from a Third party's bank account, please complete section below:

Account Holder: _____ Account Holder Signature: _____ Date: _____

Joint Account Holder: _____ Joint Account Holder Signature: _____ Date: _____

4. Borrower Authorization and Agreement

You hereby waive the requirement for CIBC **National Student Centre** to provide written notice to you of any change in the amount or date of any debit. For change of Payment date, please contact CIBC **National Student Centre**.

You, the Payor, may revoke your authorization at any time subject to providing verbal/written notice to the **CIBC National Student Centre** at least 10 business days prior to your next scheduled Pre-Authorized Payment due date. To cancel this Pre-Authorized Payment Agreement, please contact **CIBC National Student Centre**.

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 Pre-Authorized Payment Agreement. To obtain more information, please contact your financial institution, visit the Canadian Payment Association at: www.cdnpay.ca or contact the **CIBC National Student Centre**.

When this agreement is completed, please sign, date, and mail or fax it as soon as possible to the above mentioned address. Furthermore, you are required to notify **CIBC National Student Centre** immediately in writing of any changes with respect to the banking account against which it has designated Pre-Authorized Payment Agreement to be withdrawn.

Borrower Signature: _____ Date: _____