REVENUE SERVICES of British Columbia

Mailing Address: PO Box 9401 Stn Prov Govt Victoria BC V8W 9S6

APPLICATION FOR DIRECT-LEND STUDENT LOAN PERSONAL PRE-AUTHORIZED DEBIT (PAD) PLAN

INSTRUCTIONS:

- Complete this form, sign and date it, and forward with a void cheque to the above mailing address or fax it to: 1-250-405-4410 (Do not mail your original application if sending by fax.)
- Payments must be paid in the usual manner until you are notified that your pre-authorized debit (PAD) plan arrangement is in effect.
- For more information or assistance with this form, please call (toll-free): 1-866-345-3930

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26(c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Policy Analyst, Receivables Management Office, PO Box 9445 Stn Prov Govt, Victoria BC V8W 9V5 (telephone: 1-866-329-9899) Email: RMOPOLRS@gov.bc.ca

SECTION A - APPLICANT INFORMA	ATION		
RSBC ACCOUNT NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME OR INITIA
X 2 6			
MAILING ADDRESS (include city and province)			POSTAL CODE
HOME PHONE NUMBER	WORK PHONE NUMBER		
()	()		
SECTION B – FINANCIAL INSTITUTION INFORMATION			
TRANSIT NUMBER (5 digits) INSTITUTION NUMBER BANK OR FINANCIAL INSTITUTION ACCOUNT NUMBER			
0			
NAME OF BANK OR FINANCIAL INSTITUTION	N		
NAME OF BANK ACCOUNT HOLDER, IF DIFFERENT FROM ABOVE			
ADDRESS OF BANK OR FINANCIAL INSTITUTION (include city and province)			POSTAL CODE
Please Note: Your withdrawal date will be the due date reflected on your payment plan reminder each month (see conditions on reverse).			
SECTION C – AUTHORIZATION			
I/We have read, understood, and accept all provisions contained on this form, including the Terms and Conditions on reverse. Any delivery of this authorization to the Revenue Services of British Columbia constitutes delivery by me/us to the bank or financial institution (hereafter referred to as your bank).			
Revenue Services of British Columbia is hereby authorized to withdraw funds from my/our bank account identified above to cover all amounts due on the Account Number identified above. I am/We are all the persons whose signatures are required to sign on the above account.			
I/We undertake to promptly notify Revenue authorization and understand that, by law, on the account.			
I/We have certain recourse rights if any del for any debit that is not authorized or is not on my/our recourse rights, I/we may contact	consistent with this PAD agreement.	To obtain a reimbursement claim for	
I/We hereby waive any and all requirements for pre-notification of debiting, including, but not limited to pre-notification of changes			
in the amounts. SIGNATURE OF BANK ACCOUNT HOLDER			DATE SIGNED
SIGNATURE OF BANK ACCOUNT HOLDER			DATE SIGNED YYYY/MM/DD
×			
SIGNATURE OF BANK ACCOUNT HOLDER			DATE SIGNED YYYY/MM/DD

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Application for Direct-Lend Student Loan Personal Pre-Authorized Debit (PAD) Plan Terms and Conditions

By signing this application you acknowledge that authorization is provided for the benefit of the account, Revenue Services of British Columbia and your bank or financial institution (hereafter referred to as your bank) and is provided in consideration of your bank agreeing to process debits against the bank account indicated on the front of this form, in accordance with the rules of the Canadian Payments Association.

The amount to be withdrawn against your account may vary in accordance with your monthly obligation agreement. Revenue Services of British Columbia and your bank will process debits against your account and withdraw all such amounts without any pre-notification or consent by you.

Payments must be paid in the usual manner until you are notified that your PAD arrangement is in effect.

All selected pre-authorized debit withdrawal dates will occur on their respective dates or, when the selected date is on a weekend or statutory holiday, on the next business day.

When two consecutive monthly pre-authorized withdrawals are returned by your bank, Revenue Services of British Columbia will terminate the pre-authorized debit plan. You will be notified by written notice to the current address on your account.

You may cancel this authorization by notifying Revenue Services of British Columbia at least 21 calendar days in advance of the next pre-authorized debit withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your bank or visit www.cdnpay.ca

Your bank is not responsible for verifying whether payments have been issued in accordance with the particulars of this agreement.

You can dispute a pre-authorized withdrawal under the following conditions:

- 1. the withdrawal was not drawn in accordance with your authorization, or
- 2. the authorization was cancelled in accordance with the terms and conditions of this application, or
- 3. if pre-notification was required but was not received by the Payor.

In order to be reimbursed, a declaration to the effect that either 1 or 2 above took place must be completed and presented to the branch of the bank holding your account up to and including 90 calendar days, in the case of a personal pre-authorized debit, after the date on which the withdrawal in dispute was posted to your bank account. After 90 calendar days, in the case of a personal pre-authorized debit, a dispute for any reason is a matter to be resolved solely between you and Revenue Services of British Columbia.

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