

National Student Loans Service Centre

P.O. Box 4030
Mississauga, ON L5A 4M4

Tel.: 1-888-815-4514
Fax: 1-866-658-8801

Personal Pre-Authorized Debit Agreement

1. Personal Information (Please print clearly)

Borrower Information	
First Name:	
Last Name:	
SIN:	
Street Address:	
City / Province:	
Postal Code:	
Telephone Number:	

2. Bank Account Information (Please print clearly)*

Financial Institution Number/Name: _____

Account Number: _____ **Branch Transit Number:** _____

Name of Account Holder(s): _____

3. Personal Pre-Authorized Debit Agreement Authorization Details (Please print clearly)

Loan Type	Number	Monthly Payment

(Should you require assistance to fill-out this table, please contact the NSLSC).

You, the Payor(s) hereby authorize the **National Student Loans Service Centre (NSLSC)** to monthly debit the bank account identified above starting in _____ (Insert month: all payments defaulted to last day of the month or the next business day) for the amount(s) and Borrower's loan(s) noted above. (Note: Subsequent payments will be withdrawn until the loan (s) has/have been paid in full).

Changes to the bank account of this agreement must be made in writing using a new Personal Pre-Authorized Debit Agreement. The banking information you send must be for an account at a Canadian bank held in your name solely or jointly. **You agree to waive any and all requirements to receive initial or further written pre-notifications of debiting under the Canadian Payment Association Rules.**

You, the Payor (s), may revoke your authorization subject to providing notice (written or verbal) to the NSLSC at least 10 calendar days prior to your next scheduled Personal Pre-Authorized Debit (PAD) payment. To obtain a cancellation form, please visit CanLearn.ca or contact the NSLSC. To learn more about your right to cancel a Personal PAD Agreement, please visit www.cdnpay.ca or contact us.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to dispute or receive reimbursement for any debit that is not authorized or is not consistent with this Personal Pre-Authorized Debit Agreement. To obtain more information on your recourse rights, please contact your financial institution, visit www.cdnpay.ca or contact the NSLSC. When this agreement is complete, please sign and obtain proper signatures, date, and mail it to the above-mentioned address or send it by fax.

Signature of Account Holder:	Signature of Joint Account Holder (if applicable):
Name:	Name:
Date:	Date:

Notes:

1. We require a signed copy of this agreement, even if you are not making changes to the bank account.
2. *Please attach or fax a copy of a void cheque of the bank account specified in Section 2.