

2017-2018

**REGISTRATION FORMS MUST BE COMPLETED ACCURATELY AND IN THEIR ENTIRETY TO ENSURE A SPOT IS RESERVED FOR YOUR CHILD.  
PLEASE ENSURE ALL SECTIONS ARE FILLED OUT FULLY BEFORE SUBMISSION TO AVOID REGISTRATION DELAYS.**

- I AM A RETURNING STUDENT AND MY CONTACT INFO **HAS NOT** CHANGED (PLEASE FILL IN STUDENT FIRST NAME, LAST NAME, ENTRY GRADE, IEP AND GENDER)
- I AM A RETURNING STUDENT AND MY CONTACT INFO **HAS** CHANGED (PLEASE FILL OUT THE ENTIRE APPLICATION FORM)
- I AM A NEW STUDENT (PLEASE FILL OUT THE ENTIRE APPLICATION FORM)

## 1. STUDENT INFORMATION

LAST NAME	FIRST NAME	ENTRY GRADE
HAVE YOU BEEN A STUDENT AT BLYTH IN THE LAST 365 DAYS (IF YES, PLEASE INDICATE WHERE)		DO YOU HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)?
ADDRESS		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-SPECIFIED
CITY	PROVINCE	POSTAL CODE
		BIRTHDATE (YYYY/MM/DD)
HOME PHONE NUMBER	STUDENT PHONE NUMBER	STUDENT EMAIL (PRINT CLEARLY)
PRESENT SCHOOL	CITY	

## 2. PARENT/GUARDIAN INFORMATION

- PRIMARY CONTACT:     PARENT/GUARDIAN 1     PARENT/GUARDIAN 2     BOTH
- STUDENT RESIDES WITH:     PARENT/GUARDIAN 1     PARENT/GUARDIAN 2     BOTH
- IF PARENTS ARE SEPARATED, WHICH PARENT IS THE LEGAL GUARDIAN OF THE APPLICANT?     PARENT/GUARDIAN 1     PARENT/GUARDIAN 2     JOINT

<b>PARENT/GUARDIAN 1:</b> LAST NAME		FIRST NAME
ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	CELL PHONE NUMBER
		PARENT/GUARDIAN 1 EMAIL (PRINT CLEARLY)
<b>PARENT/GUARDIAN 2:</b> LAST NAME		FIRST NAME
ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	CELL PHONE NUMBER
		PARENT/GUARDIAN 2 EMAIL (PRINT CLEARLY)

## 3. CAMPUS

- LONDON

ENTRY TERM (1-4)

## 4. PROGRAM OPTIONS

- REGULAR FULL-TIME ACADEMIC PROGRAM  
*Please select this option if applicant is not participating in a sports program*
- TERM-BY-TERM ACADEMIC PROGRAM
- LONDON KNIGHTS HOCKEY ACADEMY

## 5. PAYMENT OPTIONS (FULL TIME ACADEMIC PROGRAM ONLY: SEPTEMBER - JUNE)

**NOTE: IF YOU ARE REGISTERING FOR AN ACADEMIC SPORTS PROGRAM, PLEASE SKIP TO PAGE 4. OTHERWISE, PLEASE CONTINUE.**

AFTER REVIEWING THE ENCLOSED FULL-TIME FEE SCHEDULE, PLEASE CHECK OFF WHICH FEE PAYMENT PLAN YOU WOULD PREFER:

**OPTION #1: REGULAR PAYMENT (FULL PAYMENT – DUE JUNE 1, 2017 or IMMEDIATELY IF AFTER JUNE 1, 2017) PLEASE INCLUDE \$495 ONE-TIME REGISTRATION FEE IN ADDITION TO THE PRICES LISTED BELOW**

PLEASE SELECT YOUR COURSE PACKAGE	<input checked="" type="checkbox"/>	GRADE 12 (6 COURSES)	<input checked="" type="checkbox"/>	GRADE 11-12 (7 COURSES)	<input checked="" type="checkbox"/>	GRADE 9-12 (8 COURSES)	<input checked="" type="checkbox"/>	ELEMENTARY GRADE(S) VARY BY CAMPUS
<b>LONDON</b>	<input type="checkbox"/>	\$10,450	<input type="checkbox"/>	\$12,125	<input type="checkbox"/>	\$13,795	<input type="checkbox"/>	\$13,795

**A deposit payment of \$5,000.00 due upon Registration. Balance due June 1st, 2017.**

Please note that a late registration surcharge will apply for registrations AFTER June 1st, 2017 as follows:

<b>After June 1st, 2017:</b>	\$200.00
<b>After July 1st, 2017:</b>	\$400.00
<b>After August 1st, 2017:</b>	\$600.00

**OPTION #2: PAY BY INSTALLMENTS**

**PLEASE INCLUDE \$495 ONE-TIME REGISTRATION FEE IN ADDITION TO THE PRICES LISTED BELOW**

<b>LONDON</b>								
INSTALLMENT PLAN	<input checked="" type="checkbox"/>	GRADE 12 (6 COURSES)	<input checked="" type="checkbox"/>	GRADE 11-12 (7 COURSES)	<input checked="" type="checkbox"/>	GRADE 9-12 (8 COURSES)	<input checked="" type="checkbox"/>	ELEMENTARY GRADE(S) VARY BY CAMPUS
DEPOSIT UPON REGISTRATION	<input type="checkbox"/>	\$3,575	<input type="checkbox"/>	\$4,100	<input type="checkbox"/>	\$4,625	<input type="checkbox"/>	\$4,625
MONTHLY PAYMENTS ON FIRST OF EACH MONTH BEGINNING JUNE 1, 2017	<input type="checkbox"/>	\$1,250 X 6	<input type="checkbox"/>	\$1,250 X 7	<input type="checkbox"/>	\$1,250 X 8	<input type="checkbox"/>	\$1,250 X 8
<b>TOTAL</b>	<input type="checkbox"/>	\$11,075	<input type="checkbox"/>	\$12,850	<input type="checkbox"/>	\$14,625	<input type="checkbox"/>	\$14,625

**FOR A \$495 REDUCTION FROM THE REGISTRATION FEE (IF APPLICABLE), INDICATE IF THE STUDENT WILL BE OR HAS PARTICIPATED IN A BLYTH ACADEMY GLOBAL HIGH SCHOOL PROGRAM IN 2017-2018:**

YES     NO

**FOR A \$195 REDUCTION FROM THE REGISTRATION FEE (IF APPLICABLE), INDICATE IF THE STUDENT HAS PARTICIPATED IN ONE OF THE FOLLOWING PROGRAMS IN 2016:**

INTERNATIONAL SUMMERS/COMMUNITY SERVICE/MARCH BREAK

**FOR A 5% DISCOUNT ON TUITION FEES (ON LOWER TUITION AMOUNT) INDICATE NAME OF SIBLING ALSO ATTENDING A BLYTH FULL TIME PROGRAM FOR 2017-18:**  
(MINIMUM OF 6 FULL-TIME COURSES FOR BOTH SIBLINGS)

\_\_\_\_\_

6. PAYMENT OPTIONS (TERM BY TERM / CUSTOM SCHEDULE)

COLLECT THE FULL VALUE OF THE TERM-BY-TERM COURSES NO LATER THAN 30 DAYS PRIOR TO COURSE COMMENCEMENT

FOR REFERENCE ONLY	
PLEASE SELECT & CIRCLE YOUR CAMPUS	PER COURSE FEE
LONDON	\$1,895

	# OF COURSES PER TERM		PER COURSE FEE \$1,895		TOTAL (\$) PER TERM + \$495 REG. FEE
TERM 1		X		=	
TERM 2		X		=	
TERM 3		X		=	
TERM 4		X		=	
<b>GRAND TOTAL</b> (PLEASE ADD REGISTRATION FEE IF APPLICABLE)					

**7. PAYMENT OPTIONS (FULL TIME ACADEMIC SPORTS PROGRAM: SEPTEMBER - JUNE)**

**NOTE: IF YOU ARE NOT REGISTERING FOR AN ACADEMIC SPORTS PROGRAM, PLEASE SKIP TO PAGE 5. OTHERWISE, PLEASE CONTINUE.**

**PLEASE BE ADVISED THAT BLYTH ACADEMY IS NOT RESPONSIBLE FOR ATHLETIC PROGRAMING AND SERVICE DELIVERY BY OUR PARTNERS. ALL ISSUES, INQUIRIES AND DISPUTES MUST BE ADDRESSED WITH THE ATHLETIC PROVIDER DIRECTLY.**

AFTER REVIEWING THE ENCLOSED FULL-TIME FEE SCHEDULE, PLEASE CHECK OFF WHICH FEE PAYMENT PLAN YOU WOULD PREFER:

**LONDON KNIGHTS HOCKEY ACADEMY (DUE ON OR BEFORE JUNE 1, 2017)**

<b>OPTION #1: REGULAR (FULL PAYMENT)</b> + \$495 REG. FEE		<input checked="" type="checkbox"/>
LONDON (GRADES 7-12)	\$16,900	<input type="checkbox"/>

<b>OPTION #2: PAY BY INSTALLMENTS</b> + \$495 REG. FEE			<input checked="" type="checkbox"/>
ON OR BEFORE JUNE 1, 2017	\$4,150		<input type="checkbox"/>
MONTHLY PAYMENTS ON FIRST OF EACH MONTH BEGINNING AUGUST 1 <sup>ST</sup> 2016	\$2,250 X 6		<input type="checkbox"/>
<b>TOTAL</b>	\$17,650		<input type="checkbox"/>

**FOR A \$495 REDUCTION FROM THE REGISTRATION FEE (IF APPLICABLE), INDICATE IF THE STUDENT WILL BE OR HAS PARTICIPATED IN A BLYTH ACADEMY GLOBAL HIGH SCHOOL PROGRAM IN 2017-2018:**

YES     NO

**FOR A \$195 REDUCTION FROM THE REGISTRATION FEE (IF APPLICABLE), INDICATE IF THE STUDENT HAS PARTICIPATED IN ONE OF THE FOLLOWING PROGRAMS IN 2016:**

INTERNATIONAL SUMMERS/COMMUNITY SERVICE/MARCH BREAK

2017-2018

**8. PAYMENT TYPE (\$495 ONE-TIME REGISTRATION FEE)**

VISA    MASTERCARD    AMERICAN EXPRESS    CHEQUE ENCLOSED PAYABLE TO BLYTH ACADEMY    CASH

CARD NUMBER

EXPIRY

AMOUNT \$

NAME ON CARD

CARDHOLDER SIGNATURE

**PLEASE NOTE THE FOLLOWING:**

- YOUR ONE-TIME REGISTRATION FEE OF \$495 MUST ACCOMPANY THIS APPLICATION FORM IN ORDER TO RESERVE A PLACE IN BLYTH.
- PLEASE NOTE BLYTH WILL RETAIN YOUR CREDIT CARD INFORMATION ON FILE SO LONG AS THE STUDENT IS ATTENDING BLYTH ACADEMY EITHER TO COVER THE INSTALLMENT PAYMENTS IF YOU SELECTED THIS OPTION OR FOR ANCILLARY FEES AND COSTS THAT MAY BE INCURRED DURING THE YEAR.

**9. PAYMENT TYPE (TUITION)**

SAME AS ABOVE    VISA    MASTERCARD    AMERICAN EXPRESS    CASH  
 CHEQUE ENCLOSED PAYABLE TO BLYTH ACADEMY (FULL PAYMENT)    POST-DATED CHEQUES ENCLOSED PAYABLE TO BLYTH ACADEMY (INSTALLMENT OPTION)  
 EFT (COMPLETED AND SIGNED PAD AGREEMENT REQUIRED; REFER TO SCHEDULE B PAPERWORK APPENDED)

CARD NUMBER

EXPIRY

AMOUNT \$

NAME ON CARD

CARDHOLDER SIGNATURE

**PLEASE NOTE THE FOLLOWING:**

- SHOULD YOU CHOOSE TO ENROLL IN A PARTNERSHIP COURSE, AN ADDITIONAL CHARGE OF \$295 WILL BE CHARGED TO THE CREDIT CARD ON FILE FOR AGO COURSES & ROM COURSES

**10. TUITION PROTECTION**

YES, I WOULD LIKE TO PURCHASE TUITION PROTECTION    NO, I WOULD NOT LIKE TO PURCHASE TUITION PROTECTION

TUITION CANCELLATION PROTECTION CAN BE PURCHASED AT A COST OF 5% OF TOTAL TUITION AND MUST BE PAID AT THE TIME OF ENROLMENT. THE UNUSED TUITION WILL BE REFUNDED SHOULD ONE OF THE FOLLOWING EVENTS OCCUR:

1. THE STUDENT HAS A SERIOUS ILLNESS WHICH WILL PREVENT THEM FROM RETURNING TO SCHOOL WITHIN 6 MONTHS. IN THE CASE OF A TEMPORARY ILLNESS OF 6 MONTHS OR LESS, THE STUDENT MAY BE GRANTED A LEAVE OF ABSENCE FROM THE SCHOOL AND APPLY THE REMAINING TUITION UPON THEIR RETURN. LETTER FROM THE FAMILY DOCTOR WILL BE REQUIRED.
2. THE FAMILY IS FORCED TO RE-LOCATE DUE TO JOB CHANGE WITHIN THE SAME COMPANY. LETTER FROM THE EMPLOYER WILL BE REQUIRED STATING THAT THE RE-LOCATION WILL PREVENT THE STUDENT FROM ATTENDING THEIR CURRENT BLYTH CAMPUS OR ANY OTHER BLYTH CAMPUS DUE TO DISTANCE.

**11. TERMS AND CONDITIONS / CANCELLATION POLICY**

- ALL CANCELLATIONS MUST BE MADE IN WRITING
- MULTI-COURSE PACKAGES (6/7/8 COURSE PACKAGES) ARE OFFERED AT DISCOUNTED RATES AND CANNOT BE BROKEN THROUGHOUT THE ACADEMIC SCHOOL YEAR. **UPON REGISTRATION, TUITION FEES PAID FOR MULTI-COURSE PACKAGES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCE.**
- REGISTRATION FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCE
- DISCOUNTS CANNOT BE COMBINED UNDER ANY CIRCUMSTANCE
- AN NSF FEE OF \$50 WILL BE APPLIED TO ALL CHEQUES PROCESSED WITH INSUFFICIENT FUNDS.
- LATE PAYMENTS WILL BE ASSESSED A \$50 SURCHARGE FOR FAILURE TO PAY BY THE DATE(S) SPECIFIED ON ALL INVOICES.
- CREDIT NOTES ARE NON-TRANSFERABLE, VALID FOR 12 MONTHS FROM ISSUE DATE, AND ARE APPLICABLE TO ALL BLYTH ACADEMY PROGRAMS.
- BLYTH WILL REFUND 100% OF THE TUITION FEES PAID IN THE EVENT THAT WE ARE NOT ABLE TO OFFER AN ADVERTISED COURSE.
- IN THE EVENT THAT A STUDENT IS INELIGIBLE FOR ADMISSION **PRIOR TO THE COURSE START DATE**, ALL FEES PAID WILL BE REFUNDED.
- ITEMS NOT INCLUDED IN TUITION FEES: TEXTBOOKS, E-BOOKS, AND SCHOOL SUPPLIES, MATERIALS FEE, FIELD TRIPS (NOT ASSOCIATED WITH THE FOUNDATIONS OR PARTNERSHIP PROGRAMS), SCIENCE LAB FEE, SPECIAL EVENTS (I.E. PROM OR GRADUATION CEREMONIES), PARTNERSHIP COURSE FEES

**TERM-BY-TERM COURSES:**

- TUITION FEES ARE FULLY REFUNDABLE UP UNTIL 90 DAYS PRIOR TO THE COMMENCEMENT OF THE COURSE.
- BETWEEN 89-46 DAYS PRIOR TO THE COMMENCEMENT OF THE COURSE, A CREDIT NOTE FOR 100% OF THE VALUE OF THE COURSE WILL BE ISSUED.
- WITHIN 45 DAYS OF THE COMMENCEMENT OF THE COURSE, THERE WILL BE NO REFUNDS OR CREDIT NOTES ISSUED.

I HAVE READ AND AGREE TO THE TERMS AND FEES OF THIS PROGRAM. I AM AWARE OF THE CANCELLATION POLICIES AND AGREE NOT TO DISPUTE OR ATTEMPT TO CHARGE BACK THE ABOVE SIGNED FOR AND ACKNOWLEDGED CHARGE(S). I AM AWARE IT IS MY RESPONSIBILITY TO ENSURE SUFFICIENT FUNDS ARE AVAILABLE IN ALL ACCOUNTS SPECIFIED FOR PAYMENT. I HEREBY AUTHORIZE BLYTH ACADEMY TO CHARGE THESE ACCOUNTS AS PER THE TIMELINES SPECIFIED IN ACCORDANCE WITH MY SELECTIONS.

SIGNATURE OF THE PARENT / GUARDIAN (IF UNDER 18)

DATE



**SCHEDULE "B" PAYOR'S PAD AGREEMENT  
Personal Pre-Authorized Debit Plan**

**AUTHORIZATION OF THE PAYOR TO THE PAYEE TO DIRECT DEBIT AN ACCOUNT**

1. PLEASE COMPLETE ALL SECTIONS IN ORDER TO INSTRUCT YOUR FINANCIAL INSTITUTION TO MAKE PAYMENTS DIRECTLY FROM YOUR ACCOUNT.
2. PLEASE SIGN THE TERMS AND CONDITIONS ON THE NEXT PAGE.
3. **RETURN THE COMPLETED FORM WITH A BLANK CHEQUE MARKED "VOID" TO THE PAYEE AT THE ADDRESS NOTED BELOW**
4. IF YOU HAVE ANY QUESTIONS, PLEASE WRITE OR CALL THE PAYEE.

**PAYOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

PAYOR NAME(S):	
ADDRESS:	
TELEPHONE:	
SIGNATURE OF PAYOR(S):	DATE:

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

BRANCH NUMBER	INSTITUTION #	ACCOUNT NUMBER
NAME OF FINANCIAL INSTITUTION		
BRANCH		
BRANCH ADDRESS		
CITY/PROVINCE		POSTAL CODE

**PAYEE INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

PAYEE NAME(S): <b>2016169 ONTARIO INC. O/A BLYTH ACADEMY BENEFICIARY</b>
ADDRESS: 160 AVENUE ROAD, TORONTO, ONTARIO CANADA M5R 2H8
TELEPHONE: 416-960-3552
FAX: 416-960-9506
EMAIL: <a href="mailto:registrar@blytheducation.com">registrar@blytheducation.com</a>

**PAYMENT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

<p><b>PLEASE SPECIFY WHETHER THE PAYMENT IS A:</b> (PLEASE CHECK ONE)</p>	<p><input checked="" type="checkbox"/> <b>FIXED AMOUNT</b> (PLEASE SPECIFY) DETAILS AS PER INVOICE _____</p> <p><input checked="" type="checkbox"/> <b>VARIABLE AMOUNT:</b> IF VARIABLE, PLEASE SPECIFY WHETHER THERE IS A MAXIMUM AMOUNT OR INDICATE N/A IF THERE IS NO MAXIMUM AMOUNT: N/A _____</p>
<p><b>OCCURRING AT:</b> (PLEASE CHECK ONE)</p>	<p><input checked="" type="checkbox"/> <b>SET INTERVALS:</b> PLEASE SPECIFY THE TIMING (I.E. WEEKLY, BI-WEEKLY, MONTHLY) MONTHLY – 1<sup>ST</sup> OF EACH MONTH _____</p> <p>SPORADIC INTERVALS</p> <p>SPORADIC INTERVALS</p> <p>THE PAYOR MUST DESCRIBE THE OCCURRENCE OF AN EVENT OR OTHER CRITERIA THAT WILL TRIGGER THE DEBIT OF THE ACCOUNT</p> <p><input type="checkbox"/> MANDATORY DESCRIPTION HERE: _____</p>
<p><b>ARE TOP-UPS OR ADJUSTMENTS PERMISSIBLE?</b> (PLEASE CHECK ONE)</p>	<p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

**PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**

**Terms & Conditions**

- 1) In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
- 2) I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.  

I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account ") at the financial institution indicated on the reverse hereof (the "Financial Institution").

I authorize the Financial Institution to honour and pay such debits.

This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.

I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
- 3) I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.  

This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).
- 4) I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
- 5) I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
- 6) (a) I understand that with respect to:
  - i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
  - ii) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/ 15 calendar days for Electronic PADs before the due date of the first Personal PAD; and
  - iii) fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

**- OR -**

  - (b) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.

Delete either 6(a) or 6(b) as applicable



If Payor agrees to waive pre-notification, Payor must sign where indicated

 **SIGN HERE**

\_\_\_\_\_  
SIGNATURE OF PAYOR



- 7) I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
- 8) I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
- 9) I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).
- 10) I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
- 11) I agree that a payment service provider will administer the PAD. 2016169 Ontario Inc. o/a Blyth Academy Beneficiary will be administering the PAD.
- 12) I understand and agree to the foregoing terms and conditions.
- 13) I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
- 14) Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s’y rattachant soient rédigés et signés en anglais.

_____	_____	_____	 <b>SIGN HERE</b>
NAME OF ACCOUNT HOLDER	SIGNATURE	DATE	
_____	_____	_____	 <b>SIGN HERE</b>
NAME OF ACCOUNT HOLDER	SIGNATURE	DATE	