



# Personal Pre-Authorized Payment Agreement

Please complete this form and mail to EDULINX as soon as possible to the address below or send by fax to **1-877-560-1390**. When returning your form, please include a copy of a void cheque.

## 1. Your Personal Information:

Borrower First Name: \_\_\_\_\_

Borrower Last Name: \_\_\_\_\_

Prince Edward Island Student Loan Number: \_\_\_\_\_

Your Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## 2. Bank Account Information :

Financial Institution Name : \_\_\_\_\_

Branch/Transit Number : \_\_\_\_\_ Bank Number : \_\_\_\_\_ Account Number : \_\_\_\_\_

**IMPORTANT: Changes received within 5 business days of your current payment due date will not be effective until the next payment due date.**

You, the Borrower, \_\_\_\_\_ hereby authorize EDULINX to debit the  
(name of Account Holder – please print clearly)  
bank account identified above, effective \_\_\_\_\_ (insert month – all payments default to last day of month),  
in the amount of \$ \_\_\_\_\_, to repay your Prince Edward Island Student Loan. *(Note:*  
Subsequent payments will be withdrawn on the same day of the month, as indicated above. Until the loan has been paid in full.)

You, the Borrower, may revoke your authorization at any time subject to providing written notice to EDULINX at least five business days prior to your next scheduled pre-authorized payment due date. To cancel a pre-authorized payment agreement or to obtain more information, please contact your financial institution, or visit [www.cdnpay.ca](http://www.cdnpay.ca). You can also contact EDULINX in writing, by phone at 1-877-560-1389, or by fax at **1-877-560-1390**.

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.

**Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the funds are to be withdrawn from an account other than the borrower's, please have the account holder provide their authorization signature: \_\_\_\_\_  
Account holder authorized signature (if applicable)

To change your bank account in the future, you can contact EDULINX in writing or simply complete another copy of this form and send it to our office or fax it to **1-877-560-1390**. EDULINX will administer the changes on behalf of the Government of Prince Edward Island and its agents.