



NWT Student Financial Assistance

# PRE-AUTHORIZED PAYMENT FORM

## 1. STUDENT INFORMATION

Last Name	First Name	Middle Name(s)
Mailing Address	City/Community	
Territory/Province	Postal Code	Phone Number
Email Address (print clearly)	Date of Birth (YY/MM/DD)	

## 2. PAYEE INFORMATION

I, \_\_\_\_\_, hereby authorize the **Government of Northwest Territories – Student Financial Assistance** to debit my account on the \_\_\_\_\_ 1st or \_\_\_\_\_ 15th or both the \_\_\_\_\_ 1st and 15th of each month in the amount of \$ \_\_\_\_\_ effective \_\_\_\_\_. These payments will be applied to my \_\_\_\_\_ or \_\_\_\_\_ student loan.

## 3. BANKING INFORMATION

Name of Financial Institution	Branch Address	
Bank Number	Transit Number	Account Number

## 4. AUTHORIZATION (must be signed)

- In this Authorization 'I', 'me' and 'my' refer to each Account-Holder who signs below.
- I authorize the Government of Northwest Territories (GNWT) to debit (a 'Pre-Authorized Debit') my account indicated above at the Financial Institution branch indicated above for the purpose of obtaining payment for my NWT Student Loan.
- I may revoke this authorization at any time by submitting written notice within one month. I agree that revocation of this authorization does not terminate any contract for the loan or money that exists between me and the GNWT.
- I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit has been drawn in accordance with this authorization, including the amount, frequency and fulfillment of purpose of any Pre-Authorized Debit.
- I agree that the delivery of this authorization to GNWT constitutes delivery by me to the Financial Institution.
- I will inform the GNWT, in writing, of any change in the Account Information provided in this authorization at least five (5) working days prior to the next due date of the Pre-Authorized Debit above.
- I warrant that all persons whose signatures are required to sign on the Account have signed this authorization.

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPP)*, Section 40.(a) and (c)(i) and the *Student Financial Assistance Act* and Regulations. The information will be used to determine my eligibility for the Northern Bonus and for the general administration and enforcement of this program. The privacy provisions of *ATIPP* protect my information.

Personal information is defined under *ATIPP*, Section 2. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Manager, Divisional Financial Services, Income Security Programs Division, Department of Education, Culture and Employment, Box 1320, Yellowknife, NT, X1A 2L9, or call 1-800-661-0793 or 1-867-767-9355.

Account Holder's Name - Print Name	X Account Holder's Signature	Date - YY/MM/DD
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