

Payor's Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account #: _____ Branch Transit #: _____

Financial Institution #: _____ Chequing Acct Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor authorize Kew Beach Daycare to debit the bank account identified above for the amount based on the fee schedule provided to you 10 days in advance of any fee change on the 1st ____ or the 15th ____ of every month (please check one) or the next business day.

These services are for (check one) Personal Business Use

You the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: (Please print)

Name: (Please print)

Date: _____

Date: _____

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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Please return this completed form to the daycare office.