

## PRE-AUTHORIZED DEBIT AGREEMENT

**Program & Tuition Fees (taken on a monthly basis on the first day of each month, for a total of 10 payments)**

Program: 3 year-olds  
Tuition Fees: (Number of Children: \_\_\_\_ )

\$165 for Sep 1st 2015 (due June 1st 2015 )  
\$165 for Oct 1st 2015 thru June 1st 2016

\$165 x 10 x (Number of Children: \_\_\_\_ )

Program: 4 year-olds  
Tuition Fees: (Number of Children: \_\_\_\_ )

\$190 for Sep 1st 2015 (due June 1st 2015 )  
\$190 for Oct 1st 2015 thru June 1st 2016

\$190 x 10 x (Number of Children: \_\_\_\_ )

### CUSTOMER INFORMATION

\_\_\_\_\_  
Please Print Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province, Postal Code  
\_\_\_\_\_  
Telephone

### PRE-AUTHORIZED DEBIT (PAD)

I here by authorize \_\_\_\_\_ the debiting of my account in the amount of \$ \_\_\_\_\_ by method of Electronic Funds Transfer on the 1st day of each month beginning June 1st 2015

These services are for (check one) \_\_\_\_\_  
Personal use Business use

I, the payor, may revoke this authorization at any time, subject to providing 30 days (not to exceed 30 days) notice.

### BANKING INFORMATION

Bank Route # \_\_\_\_\_ Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_  
(All numbers must be provided)

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province  
\_\_\_\_\_  
Postal Code

\* If the debit is from a chequing account, please attach a VOID cheque\*

I have certain recourse rights if any debits does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Account holder signature

\_\_\_\_\_  
Date of signature

**PAYEE CONTACT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, AB, Postal Code

\_\_\_\_\_  
Telephone

Attach a VOID Cheque below

**Attach VOID Cheque here**