Preauthorized Debit Agreement (PAD)

1. Customer Information (Please print clearly)

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number:_____

2. Bank Account Information

Name on Account:

_____

Financial Institution Name:

_____

Financial Institution #: _____ Transit #: _____ Account #: _____

(Please attached a void cheque)

3. Preauthorized Debit Details

I,(the Payor) _____authorize Klorious kids childcare center to debit the bank account identified above for the amount owing on the 1st of each month, based on the previously agreed to monthly fee for childcare services. These fees are due at the beginning of each month during which services are rendered.

You, the Payor may revoke your authorization at any time in writing, subject to providing notice of at least 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

_____ _____
Name of Account Holder Name of Joint Account Holder

_____ _____
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 otain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca