

East Gwillimbury Children's Centre Pre-Authorized Debit (PAD) Agreement

I/We authorize East Gwillimbury Children's Centre and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our East Gwillimbury Children's Centre account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account each month. East Gwillimbury Children's Centre will provide 10 days written notice of any fee increases and/or changes. East Gwillimbury Children's Centre will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until East Gwillimbury Children's Centre has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

East Gwillimbury Children's Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Payment options: Full payment on 1st or 15th or Split payment 1st & 15th PRINT ONLY

Please list BOTH Legal Name and preferred Name Enrollment Start Date:
Child/ren's Name: DOB: OFFICE USE File Under
Child/ren's Name: DOB:
Parent Name: Relationship Phone:
Parent Name: Relationship Phone:
Address:
City/Town: Province: Postal Code:
Authorized Signature(s): Payment Option:
PAD if different than Parent: Name: Relationship:
PLEASE ATTACH A VOID CHEQUE

Additional Information: Tax Receipt should be issued to (Name):
Mailing Address if different than PAD: Address:
City/Town: Province: Postal Code: