

Aurora Children's Centre Inc Pre-Authorized Debit (PAD) Agreement

Aurora Children's Centre Inc (includes Aurora Children's Centre & East Gwillimbury Children's Centre)

I/We authorize Aurora Children's Centre Inc 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 Aurora Children's Centre Inc account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account each month. Aurora Children's Centre Inc will provide 10 days' written notice of any fee increases and/or changes. Aurora Children's Centre Inc will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Aurora Children's Centre Inc 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.

Aurora Children's Centre Inc 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.

PRINT ONLY PLEASE

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: <u>ALL on the 1st</u>	
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: _____