



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. Parent/Guardian Information (Please Print Clearly)

Name:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

Email:

Name of Child(ren):

2. Bank Account Information

Account Number:

Branch Transit
Number:

Financial Institution Number:

Financial Institution

Name:

Branch Address:

3. Pre-Authorized Debit (PAD) Details

I, the Payor, authorize Bethany Child Care Society (Bethany Child Care Centre), to debit the bank account identified as per my/our instructions for regular recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our care account. Regular monthly payments for the full amount of the care and related costs will be debited to my/our specified account on the first banking day of each month.

This authority is to remain in effect until Bethany Child Care Society 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.

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.

These services are for:

Childcare Fees

4. Child's Parent/Guardian Authorized Signature

Account holder/Authorized Signature:

Date:

When the form is complete, hand deliver or email to:

Bethany Child Care Society
 22680 Westminster Highway, Richmond, BC, V6V 1B7