

Pre-Authorized Debit (PAD) Agreement



CRYSTALRIDGE LEARNING
CENTRE
A Daycare with Distinction

NEW UPDATE

I/We authorize Crystalridge Learning 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 Crystalridge Learning Centre account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the first day of each month. **Any Fee differences by unexpected subsidy changes or late payment fee will be withdrawn automatically by any time without notice.** Crystalridge Learning Centre will provide thirty (30) days written notice of Daycare fee increases and/or changes. Crystalridge Learning Centre will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Crystalridge Learning Centre has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) 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.

Crystalridge Learning 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.

BANK ACCOUNT INFORMATION		PLEASE PRINT
These services are for (check one) <input type="checkbox"/> personal <input type="checkbox"/> business use		
Name :	Child(ren) Name :	
Address :		
City/Town :	Province :	Postal Code :
Phone Number:(Bus.)	(Res.)	
Financial Institution Name :		
Deposit Account Number :		
Financial Institution Number: (3digits)	Branch Transit Number : (5digits)	
Branch Address :		
City/Town :	Province :	Postal Code :
Authorized Signature(s):	Date :	

PLEASE ATTACH A VOID PERSONALIZED CHEQUE OR ATTACH A BANK VERIFICATION FORM STAMPED BY YOUR FINANCIAL INSTITUTION