

Pre-authorized Debit (PAD) Agreement

Customer Information

Personal/Household PAD Business PAD

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

I, _____ authorize Glenora Child Care Society to electronically debit the amount of \$_____ from the account identified below for child care fees on the 1st day of each month.

Or in the case of part-time fees,

I, _____ authorize Glenora Child Care Society to electronically debit the amount of \$_____ X the number of enrolled days in each month _____ from the account identified below for child care fees on the 1st of each month.

Signature: _____ Signature: _____

Bank Account Information Please attach a blank cheque marked "VOID"

Account Number:

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Branch Transit Number:

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 Institution Number:

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Financial Institution: _____

Address: _____

Pre-authorized Debit (PAD) Agreement-Terms and Conditions:

I/we acknowledge that this Authorization is provided for the benefit of Glenora Child Care Society and TD Canada Trust and is provided in consideration of TD Canada Trust agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association.

I/we authorize Glenora Child Care Society and the financial institution designated 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 child care and related fees. Regular monthly payments for the full amount of services delivered will be debited from my/our account on **the 1st day of each month**. Glenora Child Care Society will provide a minimum of 10 days notice of any changes to the regular debit amount. Glenora Child Care Society will obtain my/our authorization for any other one-time or sporadic debits.

I/we undertake to inform Glenora Child Care Society, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

This authority is to remain in effect until Glenora Child Care Society has received written notification from me/us of its change or termination. This notification must be received at least 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. Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and Glenora Child Care Society.

I/we acknowledge that TD Canada Trust is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to the amount.

I/we acknowledge that TD Canada Trust is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Glenora Child Care Society as a condition to honouring a PAD issued or caused to be issued by Glenora Child Care Society on my/our account.

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 and 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.

Definitions:

Business PAD: means a PAD drawn on the account of a payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal/Household PAD: means a PASD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage instalments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payments for other consumer goods and services.