

LESSARD EDMONTON COMMUNITY LEAGUE PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Customer Information (Please Print Clearly) – Account Holder Only

Name: _____

Street Address: _____ Phone No.: _____

City: _____ Province: _____ Postal Code: _____

Child's Registered Class (check one): 3 & 4-Year Old Program (T/Th) 4-Year Old Program (M/W/F)

Bank Account Information

Account Number: _____ Chequing Account Savings Account

Bank Transit Number (5 digits): _____

Financial Institution Number (3 digits): _____

Financial Institution Name: _____

Branch Address (Full): _____

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Lessard Edmonton Community League, doing business as Lessard Edmonton Community League Playschool, to debit the bank account identified above for the playschool or preschool fees:

Program Fees:

\$140 (3 & 4-Year Old Program Tue/Thur) \$180 (4-Year Old Program Mon/Wed/Fri)

On the 1st of every month or the next business day. This will commence on September 1, 2021 and end with payment on or about June 1, 2022. This is the monthly program fees payment for playschool as per the fee guidelines outlined in the Parent Handbook and Registration form and is for personal use.

These services are for (check one): Personal Use Business Use

You may revoke your authorization at any time in writing subject to providing notice of 30 days accompanied by our withdrawal form. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

PLEASE ATTACH A VOID CHEQUE ON THE ACCOUNT TO BE DEBITED

Name of Account Holder (print name): _____

Name of Joint Account Holder (print name): _____

Signature of Account Holder: _____

Signature of Joint Account Holder: _____

X

X

Date: _____

Date: _____

PLEASE NOTE IT IS ESSENTIAL THAT ALL BLANK SPACES BE COMPLETED OR MARKED AS N/A (NOT APPLICABLE)

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

