



# Kamloops Kidz Early Learning Centre

## Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information (Please print clearly)

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### 2. Bank Account Information

Account #: 

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Branch Transit #: 

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 Financial Institution Number: 

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Chequing Account  or Savings Account

Financial Institution: Name: \_\_\_\_\_

Branch address: \_\_\_\_\_

**\*\*Void cheque or Official Bank Info must accompany this form\*\***

### 3. Pre-Authorized Debit (PAD) Details

Payment to be applied (as authorized by the account holder):

Monthly Charges of \$\_\_\_\_\_ per month. Initial \_\_\_\_\_ Pymt Start Date: \_\_\_\_\_

You, the Payor, may revoke your authorization at any time subject to providing 30 days' notice. 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](http://www.cdnpay.ca)

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](http://www.cdnpay.ca).

This is for Business  or Personal

Signature of Account Holder

Signature of Joint Accountholder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name (please print)

Name (please print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

When the form is complete, deliver in person to:

Kamloops Kidz Early Learning Center Inc.

1764 Valleyview Drive

Kamloops, BC V2C 4B8

Tel: (250) 319-9044