



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT			
1. Parent/Guardian Information (Please Print Clearly)			
Name:			
Street Address:			
City:		Province:	Postal Code:
Telephone Number:	Home:	Cell:	
2. Bank Account Information			
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Transit Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution Name:	<input type="text"/>		
	<input type="text"/>		
Branch Address:	<input type="text"/>		
	<input type="text"/>		
3. Pre-Authorized Debit (PAD) Details			
<p>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.</p> <p>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.</p> <p>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.</p>			
These services are for: (check)	Personal:	<input type="checkbox"/>	<input type="checkbox"/>
4. Child's Parent/Guardian Authorized Signature			
Account holder/Authorized Signature:		<input type="text"/>	
Date:		<input type="text"/>	
<p>When the form is complete, hand deliver, mail or fax to:</p> <p style="text-align: center;">Bethany Child Care Society 22680 Westminster Highway Richmond, BC, V6V 1B7 Phone 604-519-0133, Fax 604-519-0111</p>			