

Pre-Authorized Debit (PAD) Agreement

This PAD agreement authorizes **Dublin Heights Community Child Care Inc.** and the financial institution designated to debit the bank account identified for all charges arising under my/our Financial Agreement with **Dublin Heights Community Child Care Inc.** **The amount of these variable charges will be debited to my/our bank account on or after the 1st of each month.**

This authority is to remain in effect until **Dublin Heights Community Child Care Inc.** has received written notification from me/us of its change or termination whereby 30 days notice is given. 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

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 debit 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

DATE: _____ Type of Service: Personal Business

Name (s): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Financial Institution: _____

Bank Account Number: _____ Transit Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature (s): _____

**Please attach a copy of a void cheque to:
Dublin Heights Community Child Care Inc.
100 Bainbridge Avenue
Toronto, Ontario
M3H 2K2
Fax: 416 638-0129 Tel: 416 638-0612**