**Pre-authorized Debit (PAD) Agreement**

**1. Payor Information** (Please print clearly)

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Bank Account Information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Payor Account Number:

Monthly Debit Amount: $\_\_\_\_\_\_\_ (include first and last month’s fees-preschool only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Branch Transit Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Financial Institution Number:

* Chequing
* Savings

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

Branch Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transaction Date: From: \_\_\_\_\_/ 01 /2025 To: \_\_\_\_\_/ 01 / 2026

mm dd yyyy mm dd yyyy

(Dates should reflect start of school year to end of school year)

Please attach a void cheque**.**

**3. Payee Information** (Office only)

Parkcrest Child Care Society

**4. Pre-Authorized Debit (PAD) Details**

I/We authorize Parkcrest Child Care Society and the financial institution designated (or any other financial institution I/We may authorize at any time) 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 all charges arising under my/our Parkcrest Child Care Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. These services are for Preschool/Daycare.

Parkcrest Child Care Society will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Parkcrest Child Care Society has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. 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 <https://www.payments.ca/resources/payment-guides/business-guides/pre-authorized-debit>

In the case of variable amount PADs, Parkcrest Child Care Society will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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 <https://www.payments.ca/resources/payment-guides/business-guides/pre-authorized-debit>.

**5.** Dishonoured pre-authorized debit withdrawals will be re-presented to the bank for payment, in the original amount, three business days following the date that Parkcrest Child Care Society is notified that your payment was declined. You will receive email notification prior to the payment request being represented to the bank. If the re-presented payment is also dishonoured, the $25 service charge will apply. Collection efforts will commence such cash or bank draft. Each student will receive ONE service charge fee waived per school year.

I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Account Holder Signature of Joint Account Holder (if appropriate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

When the form is complete, submit to: Parkcrest Child Care Society

6040 Winch St.

Burnaby BC V5B 2X7

info@parkcrestchildcaresociety.ca

604-294-6224