

**Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements**

Village of Brooklin Co-Operative Playschool

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Village of Brooklin Cooperative Playschool (VBCP), 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 VBCP 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. The monthly fee will be (circle one):

Tuesday Thursday AM: \$161/305

Monday Wednesday Friday AM: \$209/368

Monday-Thursday PM: \$246/399

This authority is to remain in effect until VBCP has received written notification from me/us of its change or termination, or as of June 30, 2021. This notification must be received at least (15) business days before the next debit is scheduled at the address provided below. I/We may obtain more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca or by emailing treasurer@vbcplayschool.ca

VBCP may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 15 days prior written notice to me/us.

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

PLEASE PRINT

DATE: _____

Name(s): _____ Child's Name: _____

Address: _____ Class: _____ Monthly Tuition: _____

City/Town: _____ Province: _____ Postal Code: _____ Phone Number: (Bus.) _____
(Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch -5 digits FI – 3 digits)

Address: _____

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

Authorized Signature(s): _____

Village of Brooklin Co-operative Playschool
45 Cassels Road East
Brooklin ON
L1M 1B5
905-665-7494

E-mail: treasurer@vbcplayschool.ca