



## Pre-Authorized Debit (PAD) Agreement

I authorize St. Albert Creative Preschool Society and the financial institution designated to begin deductions as per my instructions for monthly regular recurring school fees, to be debited the 1st of each month or the next business day. This authority is to remain in effect through the duration of the indicated school year only or until written notification is sent from me for earlier cancellation to St. Albert Creative Preschool requesting termination of the Agreement. I understand that any modifications to account information (including cancellation) require ten (10) business days written notice before the next PAD is due. Please visit your financial institution for more information regarding your rights and responsibilities when paying your fees using the Pre-Authorized Debit Plan.

**IMPORTANT: A cheque marked "VOID" or a Direct Debit Form (from your financial institution) must be submitted along with this completed agreement.**

<b>PAYER INFORMATION</b>	
<b>NAME:</b>	<b>CHILD'S NAME:</b>
<b>ADDRESS:</b>	<b>CITY:</b>
<b>PROVINCE:</b>	<b>POSTAL CODE:</b>
<b>TELEPHONE NUMBER:</b>	<b>CELL NUMBER:</b>
<b>AUTHORIZED SIGNATURE:</b>	<b>DATE:</b>

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 not consistent with this PAD Agreement. To obtain more information, please visit your financial institution.

<b>PAYMENT INFORMATION (circle the class and the fee that applies):</b>		
<b>PAYMENT IS A FIXED AMOUNT OF (please circle one):</b>	<b>\$135.00/MONTH</b>	<b>\$170.00/MONTH</b>
<b>CLASS (please circle one):</b>	<b>RAINBOW</b>	<b>SUNSHINE OR MOONBEAM</b>
<b>THESE SERVICES ARE FOR (please circle one):</b>	<b>PERSONAL</b>	<b>BUSINESS</b>

This Agreement is in effect for payments of monthly class fees during the regular school year. Payments will begin October 1st and end June 1st. For additional information or inquiries, please contact: