

Pre-Authorized Debit (PAD) Agreement
Riverside Park Nursery School
 3191 Riverside Drive, Ottawa, ON K1V 8N8

New Authorization **Change to Existing** **Cancellation Notice**

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.

| 1. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS | | | | | |
|---|--------|-------------------------------|---------|---------------------|---------|
| Company Name: | | Riverside Park Nursery School | | | |
| Account Number: | | 776 003 543 170 5 | | | |
| Mailing Address: | | 3191 Riverside Drive | | | |
| City: | Ottawa | Province: | Ontario | Postal Code: | K1V 8N8 |
| Telephone: | | 613-738-0305 | | | |
| E-mail: rpns@rogers.com | | | | | |

| 2. CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly) | | | | | |
|---|--|------------------|--|---------------------|--|
| Name: | | | | | |
| Mailing Address: | | | | | |
| City: | | Province: | | Postal Code: | |
| Telephone Number: | | | | | |

| 3. BANK ACCOUNT INFORMATION | | | |
|--------------------------------------|--|-----------------------------------|--|
| Financial Institution Number: | | Branch Transaction Number: | |
| Account Number: | | | |
| Chequing Account: | | Savings Account: | |
| Financial Institution Name: | | | |
| Branch Address: | | | |
| EFT Start Date: | | EFT Expiry Date: | |

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided in this agreement 3 days prior to the next due date of the Pre-Authorized Debit.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose (childcare services)

Withdrawal Amounts: We hereby authorize the Payee to draw:

- Outstanding Amount (monthly tuition fees and any other fees such as Before & After Care Fees; one time Program Fee payment due Sept.1, 2019)

Withdrawal Frequency: We hereby authorize the Payee to draw on following frequency:

- 1st of the month starting on Sept. 1, 2019

Administration Fee: We hereby authorize the Payee to charge an administration fee in the following amount to be charged to my account:

- \$1.50

Min/Max Withdrawal: In order to minimize cost for the payee, Riverside Park Nursery School has set up a minimum and maximum payment amount for a given payment. The minimum and maximum amounts are set at:

- MINIMUM \$255 (lowest enrolment option fee)
- MAXIMUM \$755 (highest enrolment option fee)

Wave Pre-Notification (10 days): We hereby waive the CPA ruling indicating that we be provided 10 days' notice of the amount that will be withdrawn from our account as the amount and frequency could vary based on your selected preferences. We have authorized a MIN/MAX withdrawal amount.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____ 2019

Authorized Signatory

Authorized Signatory

Name (please print)

Name (please print)
