



# Pre-authorized Debit (PAD) Agreement

## 1. Payor Information (Please print clearly)

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

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

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

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

## 2. Bank Account Information (or attach a void cheque)

Payor Account Number:                      Maximum Debit Amount: \$ \_\_\_\_\_

Branch Transit Number:

Financial Institution Number:      Chequing  Savings

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

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

Transaction Date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: Child's Termination Date  OR To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

## 3. Pre-Authorized Debit (PAD) Details

I/We authorize Jericho Kids' Club Child Care Society (JKC) 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 JKC account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the \_\_\_\_ day of each month. These services are for (check one) \_\_\_\_ personal or \_\_\_\_ business purposes.

JKC will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice 10 calendar days prior to any debits. This authority is to remain in effect until JKC 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 [www.cdnpay.ca](http://www.cdnpay.ca).

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

I/We agree that should my payment not clear for any reason, the PAD will re-try within 5 days and a \$15 NSF fee will be charged for this service.

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](http://www.cdnpay.ca)

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

**Funds are withdrawn on behalf of Jericho Kids' Club by TELECOM OPTIONS and will appear as such on your bank statement.**

Organization Contact Details:  
Jericho Kids' Club Child Care Society  
2251 Collingwood St.  
Vancouver, BC  
V6R 3L1  
604-736-4080