



Cobblestone Child Care Centre

Pre-Authorized Debit Consent Form

I/we authorize, Cobblestone Child Care Centre Ltd., 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 our Cobblestone Child Care Centre Ltd., account(s). Regular bi- weekly / monthly payments for the full amount of services delivered will be debited to our specified account. Cobblestone Child Care Centre Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Cobblestone Child Care Centre Ltd., has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the address provided below.

I/We may obtain a sample cancellation form, or more information on our right to cancel a PAD Agreement at our financial institution or by visiting www.cdnpay.ca.

Cobblestone Child Care Centre Ltd., may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 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
There will be a charge of \$45.00 for all NSF payments.

I acknowledge the responsibility for the above listed tuition fees for my child/ren, and I am aware that I am responsible for payments whether my child is in attendance or not.

Child's Name: _____

Start Date: _____ Classroom: _____

Parent's Name(Please Print): _____

Parent Signature: _____ Date: _____

Signature of Account Holder(s): _____

Please attach a VOID cheque or complete the section below

Payer Information	Financial Institution
Address:	Institution Number:
City/Town:	Transit Number/Account Number:
Province:	Address:
Postal:	City/Town:
Phone:	Province: