



Sunvalley Kids Montessori
 Unit G100-2210 2 St SW Calgary AB T2S 3C3
 Payor's Pre-Authorized Debit Agreement

1. Customer Information
 (Please print clearly)

Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: _____

2. Bank Account Information
 (Please attach a VOID cheque or a Bank Account confirmation)

Deposit Account Number: _____
 Branch Transit Number: _____
 Financial Institution Number: _____ Chequing Savings
 Financial Institution: Name: _____
 Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the payor, authorize Sunvalley Kids Montessori, to debit the bank account identified above for child care services rendered on the 1st of every month or the next business day.
 These services are for: Personal Business use.

You, the payor, may revoke your authorization or change your banking information at any time subject to providing not less than 30 days notice in writing directly to the Administration team. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Adjustments to fees will be credited back in to the account provided at the time of registration unless otherwise advised in writing.

Signature of Account Holder

Signature of Joint Account Holder
 (if applicable)

Name: _____
 (Please print)

Name: _____
 (Please print)

Date: _____

Date: _____

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 is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit: www.cdnpay.ca

Received by: _____

Date: _____

Sunvalley Kids Montessori Management

- Entered into the Child Management Software
- Month that PAD will commence
- Last month of PAD Agreement