Fun 2 Learn Preschool

1. Customer Information (please Print Clearly)

Parents Name: _____

Students Name & Class: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐ **Branch Transit Number:** ☐☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ **Checking Account** ☐ **Savings Account**

Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Fun 2 Learn Preschool to debit the account identified above $_____ on the first of every month or next business day.

These services are for ☐ **Preschool Fees**

You, the Payor, may revoke your authorization at anytime, by giving the preschool 30 days full notice of withdrawal in writing. 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.

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (If Applicable): _____

Name: _____
(Please Print)

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, contact your financial institution or visit www.cdnpay.ca.

Fun 2 Learn Preschool
5511 Baroc Road NW
Calgary AB T3A 4R1
Tel: 403-239-2033

Please Attach A Void Cheque: