## MANOR PARK CHILD CARE CENTRE PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

	Office Use: Start Date:		End Date:
Program Name:			
Child(ren)'s Name:			_ Grade(s):
1. Customer Information			
Account Holder Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Email:		
2. Banking Information		Void cheq	ue attached 🛛
Account Number:		Branch Transit Number:	
Financial Institution Number:	Chequing:	Saving:	
Financial Institution's Name:			
Address:			
City:	Province:	Postal Code:	
3. Pre-Authorized Debit (PAD)	Details		
for regular recurring paymen will be debited to the specifie	ts or, from time to time, for one	e-time payments. Régula every month or the next	lebit the bank account identified above ar recurring payments of \$, business day. MPCC will provide ten

These services are for (check one) $\checkmark$ : Business Use $\Box$	Personal Use	
Signature of Account Holder:	Signature of Joint Account Holder (if applicable):	
Name:	Name:	

## Date:

Date:

You, the Payor, 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 not consistent with this PAD agreement. To learn more about your recourse rights, you may contact your financial institution or visit *www.cdnpay.com*.

## 4(a). Cancellation

You, the Payor, may revoke your authorization at any time with a thirty (30) day notice in writing to MANOR PARK COMMUNITY COUNCIL (MPCC). To find out more about the PAD cancellation process or to obtain a sample cancellation form, you may contact your financial institution or visit *www.cdnpay.ca*.

## 4(b). Inquiries

When the form is complete or for any inquiries, our contact information is as follows:

MANOR PARK COMMUNITY COUNCIL (MPCC) 100 Braemar Street, Ottawa, ON K1K 3C9 613-741-4776 mpcc@manorpark.ca

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