

Pre-Authorized Debit (PAD) Agreement APEAH Le Parasol / APEAH Le Petit Jardin

7061 Killarney St, Vancouver, BC Canada, V5S 2Y5
2882 4th Avenue East, Vancouver BC, V5M 1K8

Purpose: The purpose of this Pre-Authorization Debit Agreement is to permit APEAH and its financial institutions and the parents' bank to debit the child monthly attendance fees at Le Parasol and/or Le Petit Jardin daycare. Your account will be debited automatically in the last week of each month, shortly after you received an invoice for the month's fees by email.

Agreement: This Authorization is provided for the benefit of APEAH (the Payee) and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.

1. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS			
Company Name:	Association des Parents de l'École Anne-Hébert (APEAH)		
	Le Parasol		Le Petit Jardin
Address:	7051, Killarney Street Vancouver BC V5S 2Y5	Address:	2882, 4th Avenue East Vancouver BC V5M 1K8
Email:	parasol@apeah.net	Email:	lpj@apeah.net
Telephone:	604 - 999 - 1843	Telephone:	778-877-3030

2. CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly)					
Name:					
Mailing Address:					
City:		Province:		Postal Code:	
Telephone Number:					

3. BANK ACCOUNT INFORMATION					
Financial Institution Number:			Branch Transaction Number:		
Account Number:					
Chequing Account		<u>OR</u>	Savings Account		(check the right box)
Financial Institution Name:					

Branch Address:			
EFT Start Date:	September 1 2018	EFT Expiry date:	upon withdrawl of all children from childcare services

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided in this agreement 3 days prior to the next due date of the Pre-Authorized Debit.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose (childcare services)

Withdrawal Amounts: We hereby authorize the Payee to draw an Outstanding Amount each month starting September 1st 2018 and ending when I withdraw my child from the childcare services.

Min/Max Withdrawal: In order to minimize cost for the payee the (Centre's Name) has set up a minimum and maximum payment amount for a given payment. The minimum and maximum amounts are set at:

- MINIMUM \$1.00
- MAXIMUM \$1500.00

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 the terms of this PAD Agreement. To obtain more information on my/our recourse rights, we may contact my/our financial institution or visit www.cdnpay.ca.

In order to keep administration costs at a minimum, Pre Authorized Debits are being made mandatory. I acknowledge that the PAD agreement is mandatory for access to the childcare services offered by APEAH and that I can cancel the PAD by cancelling the services.

Wave Pre-Notification (10 days): We hereby waive the CPA ruling indicating that we be provided 10 days' notice of the amount that will be withdrawn from our account as the amount and frequency could vary based on your selected preferences. We have authorized a MIN/MAX withdrawal amount.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____ 2018

Authorized Signatory

Authorized Signatory

Name (please print)

Name (please print)