

The Apple Tree Preschool-King Campus Pre-Authorized Debit Agreement

Customer Information (please print clearly)

Name: _____

Child (ren)s Name(s): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email address: _____

Bank Account Information (Please attach void cheque if possible)

Financial Institution # _____ (3 #s) Bank Transit # _____ (5 #s)

Bank Account # _____ (up to 10 #s)

Financial Institution: Name: _____ Address: _____

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize The Apple Tree Preschool-King Campus to debit the bank account identified for the agreed upon amounts based on the payment schedule below. These payments are for daycare services (which can include busing, field trips where applicable)

I would like to pay: Monthly Bi-Weekly Weekly

My daily / monthly rate is: \$ _____

IF YOUR MONTHLY CHARGE IS LESS THAN \$500.00 YOU MUST MAKE MONTHLY PAYMENTS

Payments are due on the MONDAY of the term you choose. Payments are taken at the beginning of every pay period.

You will be charged for the chargeable days within the pay period you select.

SICK, ABSENT & STATUTORY HOLIDAYS ARE PAID DAYS

You, the Payor, may revoke your authorization at any time by notifying
Marcy Cowan @ payments@theappletreepreschoolking.com subject to providing notice
of 14 days. When you complete this form either scan/email to
accounting@thepeartreepreschool.com or return to your campus supervisor.

Signature of Account Holder: _____

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. 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 rights, contact your FI or visit www.cdnpay.ca