



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize York Child Development & Family Services Inc. (YCD), and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions below:

Full monthly rate of \$ _____ to be deducted on a regular recurring schedule either (please check one box and indicate \$ amount):

- Monthly (1st of month) \$ _____ **OR**
- Semi-Monthly (1st and 15th of the month) \$ _____ (half of full rate)

EFFECTIVE: _____

YCD will to the best of their abilities provide 30 days written notice of any change to the amount.

YCD will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until YCD has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

YCD may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT: CHILD CARE CENTRE: _____

- Child Care Program**
- Before & After School Program**

Name(s) of Child(ren): _____

Names of Parents: _____

Signature(s): _____ Date: _____

Please provide a void cheque.