

Park Meadows Christian Play School

Pre-authorized Debit (PAD) Agreement

Pre-Authorized Debit (PAD) Details

I/We authorize *Park Meadows Christian Play School* to debit my bank account for
\$_____ on the 1st day of each and every consecutive month.

Starting date: September 1, 2017

Ending date: June 1, 2018

These services are for (*check one*) ____personal use business use

This authority is to remain in effect until Park Meadows Baptist Church of Lethbridge has received written notification from me of its change, termination or the ending date. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse right, I may contact my financial institution of visit www.cdnpay.ca.

Signature: _____

Date: _____

Member Information

Name: *Park Meadows Christian Play School*

Telephone: 403-327-4422

Address: 2011 15 Ave. N Lethbridge, AB T1H 5J4

Bank Account Information

FI Transit Number

Route

Account Number

Account Holder Name: _____

Financial Institution Name: _____

Branch Address: _____

When the form is complete please attach a cheque marked VOID or Pre-authorized Transactions form (from your bank) and return to:

Park Meadows Christian Play School
2011 15 Ave N
Lethbridge, AB T1H 5J4