

**Beacon Learning Centre - Nursery School Program
Pre-authorized Debit (PAD) Agreement**

PLEASE ATTACH A VOID CHEQUE TO THIS FORM

Payment Information

Account Holder's Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____ Email Address: _____
Name of Financial Institution: _____
Address of Financial Institution: _____
Account Information: _____
Bank Number Transit Number Account Number

YOUR CHILD'S NAME: _____

PLEASE SELECT YOUR CHILD'S PROGRAM:

Regular monthly payments of (*please select below*) will be debited to my/our specified account on the **1st day of each month**.

- \$490 (5 mornings)
- \$350 (3 mornings)
- \$250 (2 mornings)

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- I will pay the \$50 registration fee plus half of the first month by Pre-authorized Debit.
- OR**
- I will pay the \$50 registration fee plus half of the first month by cheque.

I/We _____ authorize **Beacon Learning Centre**, 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 for monthly regular recurring payments for payment of all charges arising under my/our enrollment with the **Beacon Learning Centre** as of _____ (dd/mm/yyyy).

This authority is to remain in effect until the **Beacon Learning Centre** received written notification from me/us of its change or termination. This notification must be received **at least 30 days** before the next debit is scheduled at the address provided below. 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

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 debit 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.

Authorized Signature

Date

For office use only

Child's start date: _____ PAD start date: _____

- \$50 registration fee
- ½ first month
- ½ first month