

**Beacon Learning Centre – Full Day Toddler & Preschool
Pre-authorized Debit (PAD) Agreement**

***PLEASE NOTE:** BLC's Fees have been temporarily decreased until January 1st 2020 due to extra Provincial Government funding. Regular fees are \$1420 (Toddler) and \$1130 (Preschool). Starting April 1st 2019 fees decreased to \$1278 (Toddler) and \$1017 (Preschool).

PLEASE ALSO ATTACH A VOID CHEQUE TO THIS FORM

Payment Information

Account holders name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Name of Financial Institution: _____

Account Information: _____
Bank Number Transit Number Account Number

YOUR CHILD'S NAME: _____ **START DATE:** _____

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.

PLEASE SELECT YOUR CHILD'S PROGRAM:

Toddler Program: Regular monthly payments of **\$1278** will be debited to above account on the **1st** day of each month.

Preschool Programs: Regular monthly payments of **\$1017** will be debited to above account on the **1st** day of each month.

I/We _____ (card holder name(s)) authorize the **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. 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

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