

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

I, _____ authorize **Beacon Learning Centre**, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments for payment of all charges arising under my child's enrollment with the **Beacon Learning Centre** as of _____(date)

Child's name:

Start date:

For Toddler Program: Regular monthly payments of **\$1329.12** will be debited to my specified account on the **1st day of each month**.

For Preschool Programs: Regular monthly payments of **\$1057.68** will be debited to my specified account on the **1st day of each month**. **PLEASE ATTACH A VOID CHEQUE**

ALONG WITH THE INFORMATION BELOW.

Payment Information		
Account holder's name: _____		
Street Address: _____		
City: _____ Province: _____ Postal Code: _____		
Telephone Number: _____ Email Address: _____		
To ensure the accuracy of our account information, please attach a void cheque upon return of this document and complete the following financial information:		
Name of Financial Institution: _____		
Account Information:	_____	_____
	Bank Number	Transit Number
		Account Number
Authorized Signature	_____	Date

This authority is to remain in effect until the **Beacon Learning Centre** received written notification from me 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 may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca

**Beacon Learning Centre
Ottawa, Ontario, K1J 7N4
Tel: 613-741-3422**

Email: director@beaconlearningcentre.com

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

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Child's name:

Start date:

Nursery School Program: Regular monthly payments of **\$456.64** will be debited from my specified account on the **1st day of each month**.

PLEASE ATTACH A VOID CHEQUE ALONG WITH THE INFORMATION BELOW.

Payment Information		
Name: _____		
Street Address: _____		
City: _____ Province: _____ Postal Code: _____		
Telephone Number: _____ Email Address: _____		
To ensure the accuracy of our account information, please attach a void cheque upon return of this document and complete the following financial information:		
Name of Financial Institution: _____		
Account Information:	_____	_____
	Bank Number	Transit Number
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_____	_____	_____
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