

**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 **\$653.13** will be debited to my specified account on the **1st day of each month**.

For Preschool Programs: Regular monthly payments of **\$519.74** 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](http://www.cdnpay.ca)

**Beacon Learning Centre  
Ottawa, Ontario, K1J 7N4  
Tel: 613-741-3422  
Email: [director@beaconlearningcentre.com](mailto: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](http://www.cdnpay.ca).