



# Merry Pop-Ins Childcare Centre Inc.

www.merrypopins-pe.ca

## Pre-Authorized Debit (PAD) Agreement Form

### 1) Customer Information (Please print clearly)

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### 2) Bank Account Information

Deposit Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

Type Of Account: Chequing \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

\_\_\_\_\_

I/we authorize Merry Pop-Ins Childcare Centre Inc., 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 bi-weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Merry Pop-Ins Childcare Centre Inc. childcare account(s). Regular bi-weekly payments for the full amount of services delivered will be debited to my/our specified account on every 2<sup>nd</sup> Tuesday. Merry Pop-Ins Childcare Centre Inc. will provide a yearly schedule of payment due dates and monthly invoices. Merry Pop-Ins Childcare Centre Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Merry Pop-Ins Childcare Centre Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business 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.cdn.pay.ca](http://www.cdn.pay.ca)



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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 PAD 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](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder:  
(If applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

When this form is complete please return to:

Merry Pop-Ins Childcare Centre Inc.  
21287 Trans Canada Highway  
Tryon, PE  
C0B 1A0  
Tel: 902-658-2560  
Email: [info@merrypopins-pe.ca](mailto:info@merrypopins-pe.ca)

**\*\*\*Please attach a void cheque or form from your bank verifying your account information to avoid any errors in the deciphering of account numbers.\*\*\***