



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 2nd 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



Merry Pop-Ins Childcare Centre Inc.

www.merrypopins-pe.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 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.

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.
85 Route 10
Tryon, PE
C0B 1A0
Tel: 902-658-2560

You can also scan or take a picture with your phone and send to:

info@merrypopins-pe.ca

schoolage@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.*****