



Keating Out-of-School Care

### Pre-Authorized Debit (PAD) Authorization Agreement

NEW  UPDATE

SUMMER 2024

*In order to complete your child(ren)'s registration, Sections 1 – 3 MUST be completed and signed.*

#### SECTION 1: CUSTOMER INFORMATION

Account Holder's Name (Last, First): \_\_\_\_\_

Child(ren)'s Name(s) (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone no: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of service: Personal  Business

#### SECTION 2: BANK ACCOUNT INFORMATION

No change from previous PAD agreement

Financial Institution # (3 digits):

\_\_\_\_\_

Branch # (5 digits):

\_\_\_\_\_

Account #:

\_\_\_\_\_

*If submitting new bank account information,  
void cheque  
--or--  
official bank confirmation of account  
MUST  
be attached.*



Keating Out-of-School Care

**Pre-Authorized Debit (PAD) Authorization Agreement**

**SECTION 3: PRE-AUTHORIZED DEBIT (PAD) DETAILS**

I/we authorize KOSC to debit the bank account above on the first day of July or the next business day in the amount of:

\_\_\_\_\_ days of care x \$45/day = \_\_\_\_\_ total

for services rendered between July 1st through August 2nd (Weeks 1-5) for each child listed in Section 1.

I/we authorize KOSC to debit the bank account above on the first day of August or the next business day in the amount of:

\_\_\_\_\_ days of care x \$45/day = \_\_\_\_\_ total

for services rendered between August 5th through 30th (Weeks 6-9) for each child listed in Section 1.

Any additional monthly fees as outlined in the parent agreement and handbook will be summarized in a monthly statement sent to you at the beginning of the month prior to withdrawal on the 15<sup>th</sup> of that month. This includes the annual membership fee (\$40 start-up for new families, \$25 renewal for current families), which will be drawn on September 15<sup>th</sup>, 2024.

I/we authorize KOSC to debit the bank account above on the 15<sup>th</sup> of every month or the next business day for any additional monthly fees.

This PAD agreement is to come into effect on \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Account Holder                      Name (please print)                      Date

You, the payor, may revoke your authorization at any time by providing at least 10 days written notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).