



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.*



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 15th 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 15th, 2024.

I/we authorize KOSC to debit the bank account above on the 15th 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.

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.