



Sir James Douglas Out of School Club Pre-Authorized Debit (PAD) Authorization Agreement

NEW UPDATE

2018/19

CUSTOMER INFORMATION (PLEASE PRINT)

Name: _____ Child's Name: _____
LAST, FIRST LAST, FIRST

Address: _____ City/Province: _____ Postal Code: _____

Phone No: _____ Email address _____

BANK ACCOUNT INFORMATION

Financial Institution # (3 digits):
____ _

Branch # (5 digits):
____ _

Account #:

*Void cheque
-or-
official bank confirmation of account
MUST
be attached.*

PRE-AUTHORIZED DEBIT (PAD) DETAILS

I/we authorize SJD OSC to debit the bank account above on the 15th of September 2018 and on the 1st of every month thereafter or the next business day, for monthly recurring payments not to exceed \$418.90 (maximum full-time care) from September 2018 to June 2019.

This PAD agreement is to come into effect on _____.

YYYY / MM / DD

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.

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