Sir James Douglas Out of School Club

Pre-Authorized Debit (PAD) Authorization Agreement 2020/2021

NEW ☐ UPDATE ☐

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 every month or the next business day, for monthly recurring payments from September 2020 to June 2021.

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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