



LAKE COUNTRY KIDS (LCSD) 10251 Newene Rd, Lake Country V4V 1V2

Please complete the Pre-Authorized Debit (PAD) Plan agreement below and/or send a voided cheque

I/we authorize LCSD 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our contract for tuition and related expenses. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on **the 1st OR 15th day of each month (please circle one)**. LCSD will obtain authorization for any other one-time or sporadic debits.

This authority is to remain in effect until June 30, 2024, or until LCSD 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 above. 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.cdnpay.ca.

LCSD may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

(PLEASE PRINT): DATE: _____

Name(s): _____ Address: _____

City/Town: _____ Province: _____ Postal Code: _____ Phone Number: _____

Name of Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(Branch -5 digits; FI - 3 digits)

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

Authorized Signature(s): _____

If you wish to pay by credit card, please complete below & understand there is a 3% service fee.

Credit card number: _____ Expiry: ____/____

Name on the credit card: _____ Signature: _____

FOR OFFICE USE ONLY:

NAME OF STUDENT/S CONNECTED TO THIS PAYOR: _____

If approval for a recurring charge, please note amount per month: _____ over # _____ months. Please note amount for a one-time charge: _____

July ____ / Aug ____ / Sept ____ / Oct ____ / Nov ____ / Dec ____
Jan ____ / Feb ____ / March ____ / April ____ / May ____ / June ____