



Tiny Petals Daycare LTD O/A Tiny Petal Academy

113, 355 Centre Street, Langdon, NW, T0J 1X2

Tel: 403-936-5699 Email: tinypetalacademy@gmail.com



Pre-Authorized Debit (PAD) Agreement

Customer Information (Please Print Clearly)

Name: _____
Street Address: _____ City: _____
Province: _____ Postal Code: _____

Bank Account Information

Financial Institution Name: _____
Institution Number: _____ Account Number: _____
Transit Number: _____ Branch Address: _____

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Tiny Petal Daycare Ltd to debit the bank Account identified above for the full amount of \$ _____ on the **1st day** of every month or the next business day.

These services are for: (Check one) ☐ Personal ☐ Business

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your rights to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca

Authorization

Signature(s) of Account Holder(s) 1. _____ 2. _____

Name(s) Print or type: 1. _____ 2. _____

Date: 1. _____ 2. _____

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 E.A.D (PAD) Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca