



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

NAME OF STUDENT/S CONNECTED TO THIS PAYOR:

\_\_\_\_\_

**PAD: Please complete the Pre-Authorized Debit 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 either the 1<sup>st</sup> or the 15<sup>th</sup> of the month, as agreed with LCSD. LCSD will obtain authorization for any other one-time or sporadic debits.

This authority is to remain in effect until June 30, 2025, 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](http://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](http://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)*

Bank Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

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**CREDIT CARD:**

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

Credit card #: \_\_\_\_\_

Expiry: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CVD: \_\_\_\_\_

Name on the credit card: \_\_\_\_\_ Signature: \_\_\_\_\_