

Hello Friends Childcare Co.

1246B Fint Ave 103-2787 Jacklin Rd Langford, BC www.hello-friend.ca - info@hello-friends.ca

Payor's Pre-Authorized Debit Agreement

1.	1. Customer Information (Please print clearly)	Customer Information (Please print clearly)	
	Name:		
	Street Address:		
	City: Province:	Postal Code:	
	Telephone Number:		
2.	2. Bank Account Information (Please attach a VOID cheq	Bank Account Information (Please attach a VOID cheque or a Bank Account confirmation)	
	Deposit Account Number:		
	Branch Transit Number:		
	Financial Institution Number:	Chequing • Savings •	
	Financial Institution: Name:		
	Branch Address:		
3.	3. Pre-Authorized Debit (PAD) Details	Pre-Authorized Debit (PAD) Details	
	in writing directly to the manager of the program. To obt your right to cancel a PAD Agreement, contact your finance Adjustments to fees will be credited back into the acco advised in writing.	e subject to providing not less than 42 days/6 weeks notice tain a sample cancellation form, or for more information on	
	Print Name: Print N	lame:	
	Print Name: Print N	Jame:	
	Date: Date: You have certain recourse rights if any debit does not com	nply with this agreement. For example, you have the right to dor is not consistent with this PAD Agreement. To obtain nancial institution or visit www.cdnpay.ca . ***********************************	