



Hello Friends Childcare Co.
1246 Fint Ave., Langford, BC V9B 0T9
Payor's Pre-Authorized Debit Agreement

1. Customer Information (Please print clearly)

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

2. 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. Pre-Authorized Debit (PAD) Details

You, the payor, authorize **Hello Friends Childcare Corporation**, to debit the bank account identified above for child care services rendered on the 1st of every month or the next business day.

These services are for: Personal ☐ Business • use.

You, the payor, may revoke your authorization at any time subject to providing **not less than 42 days/6 weeks notice in writing** directly to the manager of the program. 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.
Adjustments to fees will be credited back into the account provided at the time of registration unless otherwise advised in writing.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable) _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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.

Received by: _____ Date: _____

Hello Friends Childcare Corporation Manager

- Entered into the Lillio formerly HiMama Child Management Software
- Month that PAD will commence 01/03/2024
- Last month of PAD Agreement N/A