



Preauthorized Debit Agreement (PAD)

Name of Account Holder(s): Titilayo Shiftu

Account Holder email address: shiftu.tit@hotmai.com

I/We hereby authorize Wee Watch, and the financial institution indicated below, to begin deductions as per the frequency instructions indicated below for regular recurring payments and/or one-time payment required to cover all charges arising from my/our personal childcare services.

FINANCIAL INFORMATION

The regular occurring payment will be: ☐ Bi-weekly or ☒ Monthly

Payment Amount will be: \$1,760

Payments begin on this date: 12/12/2022

Name of Financial Institution (bank): BMO Bank of Montreal

Address of Financial Institution: 3643 Cawthra Road, Mississauga

City: Mississauga

Province: Ontario

Postal Code: L5A 2T4

Account Number: 3963 - 971

Bank and Branch Transit Number:
(Branch 5 digits, FI - 3 digits) 28022, 001

I/We recognize that we may, from time to time, incur additional charges for services due to additional days or overtime. Wee Watch agrees to provide one month's written notice for any increase to my regular PAD due to these additional charges. I/We agree that if a PAD is returned "non-sufficient funds", Wee Watch may resubmit the PAD electronically on a one-time only basis for the same amount as the original debit and such item may only be represented within 30 days.

I/We agree that Wee Watch may also increase the set PAD, following the "NSF" PAD, to cover an NSF fee and I/we waive our right to pre-notification.

This authority is to remain in effect until Wee Watch has received written notification from the above named of its change or termination. This notification must be received at least 14 days prior to the next scheduled PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Wee Watch may not assign this authorization, whether directly or indirectly, by operation of law, changes of control or otherwise without providing at least 10 days 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 Reimbursement Claim, or for more information on recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Signature of Account Holder: [Signature]

Date: 12/02/2022

Signature of Joint Account Holder (if applicable)

Date: