

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below (you may attach a VOID cheque).

I/we authorize Summit Kids, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin regular recurring monthly deductions for payment of all charges arising under my/our Summit Kids account. Regular monthly payments of \$\_\_\_\_\_ will be debited to my/our specified account on the 1st day of each month commencing September 1, 2014. This authority is to remain in effect until June 30, 2015 or until written notice has been received by Summit Kids.

I may revoke my authorization at any time, subject to providing 30 days written notice. 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](http://www.cdnpay.ca).

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**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):**

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
(branch - 5 digits; FI - 3 digits)

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

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

COMPLETE OR ATTACH  
VOID CHEQUE HERE