

Payor's Authorization for Pre-Authorized Debits for Preschool Fees

Our Lady of Good Counsel Preschool, 10504 139th St, Surrey, BC V3T 4L5

2022 - 2023

Pre-Authorized Debit (PAD) Plan Agreement

I/We authorize Our Lady of Good Counsel Preschool (OLGC Preschool), and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring tuition payments. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the **1st day of each month**. OLGC Preschool will obtain my/our authorization for any other one-time intermittent debits.

Authorization is to remain in effect until OLGC Preschool has received written notification from me/us of its change or termination. Notification must be received 14 days before the next debit is scheduled. I/We may obtain a sample of cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca

I/We have certain recourse rights if any debit does not comply with this PAD 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.

Payor Information : (Please Print Clearly)

Payor Name: _____
(Last) (First) (Middle)

Address: _____

City/Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Name of Student(s): _____

By Signing Below:

- I/We acknowledge my/our financial obligation to the school and will ensure that payments will be forwarded as per the current school years fees assigned to me.
- I/We understand the monthly preschool fee payments will be debited **every 1st of the month or next business day**.
- I/We understand and accept the terms of participating in this pre-authorized debit plan.
- I/We understand and accept, if the school receives an NSF by the bank due to insufficient funds, an additional charge of \$30.00 will be levied to me.

Authorized Payor Signature(s): _____ Date Signed: _____

Authorized Payor Name: (Please Print) _____

FOR OFFICE PURPOSES ONLY:

Monthly Preschool Fees \$ _____

☐ 3 days

☐ 2 days

Please Note: Official Receipts for tax purposes will only be issued to the Payor Name