



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I authorize **Wonderful Beginnings Early Years**, and the financial institution designated (or any other financial institution may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments, for payment of all charges arising under my Wonderful Beginnings Early Years (s). Regular monthly payments of \$ \_\_\_\_\_, the full amount of services delivered will be debited to my specified account on the 1st day of each month.

Wonderful Beginnings Early Years will obtain my authorization for any other one-time or sporadic debits. This authorities to remain in effect until Wonderful Beginnings Early Years has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting Wonderful Beginnings Early Years.

Wonderful Beginnings Early Years may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit Wonderful Beginnings Early Years.

START DATE: \_\_\_\_\_ ARE YOU CURRENTLY ENROLLED YES / NO

Parent's Name(s): \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Program Registering For: Group Childcare Age 3 To 5 Location: Unit 101-5170 Dallas Drive

Family Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: BC Postal Code: \_\_\_\_\_

Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ Email:(Business) \_\_\_\_\_

Name of Financial Institution (FI): \_\_\_\_\_

FI Transit Number: \_\_\_\_\_ FI Account Number: \_\_\_\_\_

(Branch/Transit# -5 digits) (Financial Institute Number – 3 digits)

Address of Branch: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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