



## Pre-Authorized Debit (PAD) Payment Policy

1. **Authorization for Monthly Payments**  
Parents/guardians enrolling their child at **1510483 B.C.Ltd. DBA Cocomelon Learning Centre** authorize the Centre, along with the financial institution designated (or any financial institution authorized in the future), to initiate automatic monthly withdrawals from their specified bank account. These withdrawals will be made in accordance with the parent's instructions and will cover all charges arising from their financial obligations to the Centre.
2. **Monthly Debit Amounts**
  - **Full Fee (Before CCFRI Grant):** \$ \_\_\_\_\_
  - **Reduced Fee (After CCFRI Grant):** \$ \_\_\_\_\_

These amounts will be debited from the authorized account on the **last business day of the current month**.
3. **Authorization for One-Time or Sporadic Payments**  
Separate authorization will be obtained for any non-recurring, one-time, or sporadic debits outside the scope of regular monthly payments.
4. **Ongoing Authorization and Cancellation**  
This PAD authorization will remain in effect until written notification of change or termination is received by **Cocomelon Learning Ltd.**
  - Written notice must be provided **at least ten (10) business days prior** to the next scheduled debit.
  - For monthly childcare fees, this notice must be submitted by the **last business day of the current month** to cancel or modify payment for the upcoming month.
  - Notification must be submitted in writing to the Centre's provided address or email address.
5. **Right to Cancel and Recourse Rights**  
Parents/guardians may obtain a sample cancellation form or more information about their rights to cancel a PAD agreement by contacting their financial institution or visiting the Centre.

If a debit does not comply with this agreement, the parent/guardian has the right to receive a reimbursement. To initiate a reimbursement claim, or for more details on recourse rights, contact your financial institution or visit **Cocomelon Learning Centre**.

## Parent Fee Acknowledgement of Disclosures

1. **Fee Structure**
  - Parent fees are calculated as follows:  
**Parent Fees = Centre Fees – Child Care Fee Reduction Initiative (CCFRI) – Affordable Child Care Benefit (ACCB).**
2. **Parent Responsibility for Fees**
  - Parents/guardians are fully responsible for the payment of monthly childcare fees.  
In the event that the Centre does not receive CCFRI and/or ACCB funding from the Ministry, parents/guardians will be required to pay the full Centre fee amount.
3. **Annual Fee Increase**
  - The Centre will implement a **3% increase in parent fees annually**, effective each **April**.  
This increase applies automatically, and no separate Pre-Authorized Debit (PAD) form will be signed for this adjustment. The original PAD authorization will remain in effect to include the annual increase.

Parent Initial \_\_\_\_\_



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

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

Program Registering For: \_\_\_\_\_ Location: \_\_\_\_\_

DOB: \_\_\_\_\_ Family Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: (Business) \_\_\_\_\_

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

(Home) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

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

*(branch -5 digits; FI – 3 digits)*

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Attachment: Please provide copy of VOID Cheque