

# PRE-AUTHORIZED PAYMENT PLAN APPLICATION FORM

Kindercenters Childcare Inc. "DBA" Little B Daycare and/or Fairfield Island Preschool 1.604.603.4545

**KINDERCENTERS**



**CHILDCARE INC.**

The Pre-Authorized Payment Plan allows you to make your Kindercenters Childcare Inc. ("Kindercenters") monthly payments. It helps you to eliminate post-dated cheque writing or Interac eTransfer and, qualifies you for discount childcare rates as stated in the Childcare Price List.

upon monthly childcare fee (s). Please note that any current and/or outstanding balance on your account will be withdrawn as your first pre-authorized payment commencing 01 September 2015 and/or as soon as the plan is established on your account. To take advantage of the Pre-Authorized Payment Plan, simply complete the authorization form below. Please ensure that all people with signing authority on your bank account sign the authorization form. Upon completion of this form either deposit duly signed at Little B Daycare or Fairfield Island Preschool and/or mail/email the form using addresses below, along with a cheque marked "VOID".

The first withdrawal is scheduled for 1<sup>st</sup> day of September or any other 1<sup>st</sup> day of your registration and thereafter, first day of each month your account will be debited. In the event you may have any questions and/or require assistance, please call us after you have returned the authorization form. You can call us Monday to Friday from 9 am. to 4 pm. Pacific Time, at 604.603.4545 or email to us at [info@kindercenters.com](mailto:info@kindercenters.com).

## AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENTS

If two different last names and/or addresses are registered as Parents/Guardian (s), both Parents/Guardians require completion of this authorization form.

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>TELEPHONE:</b>
<b>MAILING ADDRESS:</b>		<b>POSTAL CODE:</b>

Please enter name (s) of your child enrolled:

FIRST NAME	LAST NAME	MIDDLE NAME (if applicable)

Void cheque enclosed — name (s) on cheque must match name (s) on your Kindercenters childcare account.

You may also provide your bank account information here:

5-Digit Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

I/we hereby authorize \_\_\_\_\_  
(Your Financial Institution) \_\_\_\_\_ (Branch Address)

to debit my/our account indicated above on or after the 1<sup>st</sup> day of each month, in accordance to the Enrollment Agreement, for all relevant childcare payments to Kindercenters.

I/we hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of Pre-Authorized Debits drawn against my/our Account at my/our Financial Institution in accordance with this authorization. I/we agree to the terms and conditions on the reverse of this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account. Please read Terms and Conditions below. Please ensure you enclose a sample cheque marked "Void".

# CUSTOMER ACCOUNT PRE-AUTHORIZED DEBIT “PAD” AUTHORIZATION

## Terms & Conditions

1. In this Authorization “we”, “us” and “our” refer to the Payor (s) indicated on the reverse hereof.
2. This Authorization is provided for the benefit of Kindercenters and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us.
3. We acknowledge that the amounts to be drawn against our Account may vary whereas our monthly childcare fees will remain same in accordance to Enrollment Agreement however, any additional fees ie; ProD Day and/or miscellaneous fees (late fees, early dismissals, NSF’s etc.,) as applicable may be included including any adjustments relevant to early terminations whereas, we authorize Kindercenters and our Financial Institution to process PADs against our Account and to draw all such amounts without any pre-notice to us or any other consent by us.
4. We acknowledge that, while Kindercenters will normally draw PADs against our Account the 1<sup>st</sup> day of each month, excluding July and August unless otherwise agreed, PADs against our Account may vary from time to time in accordance with Kindercenters’s normal billing and processing procedures, and we authorize Kindercenters to draw PADs and our Financial Institution to process such PADs on different dates or days of the month from time to time without any pre-notice to us or any other consent by us. Further, in the event that any PAD is not honored, due to “NSF” or other reasons other than our revocation of this Authorization or noncompliance of the PAD with this Authorization, we authorize Kindercenters to re-submit the PAD within 30 days of the date of dishonor and our Financial Institution to process such PAD without any pre-notice to us or any other consent by us.
5. We certify that all information provided with respect to our Account is accurate and we agree to inform Kindercenters, in writing, of any change in the Account information provided in this Authorization prior to the next Kindercenters billing date. In the event of any such change, this Authorization shall continue in respect of any new Account and Financial Institution to the same extent as if they had been shown on the signed form. We guarantee that the signatories to any written notice of change we provide to Kindercenters will be all such persons as would be required to sign any cheque drawn on or withdrawal made from the new Account.
6. We agree that our Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose to which the PAD relates. We agree that delivery of this Authorization to Kindercenters constitutes delivery by us to our Financial Institution, and that Kindercenters may deliver a copy of this Authorization to Kindercenters’s financial institution for the purpose of processing PADs, and we consent to the disclosure of any information contained in this Authorization to such financial institution.
7. We may revoke this Authorization at any time by delivering written notice of revocation to Kindercenters, which notice may be delivered by mail, in person and/or email. This Authorization applies only to the method of payment, and we agree that revocation of this Authorization does not terminate or vary in any way or any form of duly signed Enrollment Agreement (s) and or the terms of childcare services thereof, as provided to us by Kindercenters.
8. We may dispute a PAD drawn on our Account where: (i) the PAD was not drawn in accordance with this Authorization, or (ii) this Authorization was revoked in writing previously to Kindercenters debiting our account. In order to obtain reimbursement by our Financial Institution for a disputed PAD, we must sign the required form of declaration and deliver it to our Financial Institution in accordance with Rule H1 of the Canadian Payments Association. In the case of “personal” PADs as defined in Rule H1, which includes PADs for services accounts, the specified period is 90 calendar days after the date on which the disputed PAD was drawn on our Account, and in the case of “business” PADs as defined in Rule H1, which includes PADs for commercial and industrial accounts, the specified period is 10 business days after the date on which the disputed PAD was drawn on our Account. We acknowledge that if notice is not given in accordance with Rule H1 within these specified periods, any dispute regarding a PAD must be resolved solely with Kindercenters and that our Financial Institution will have no liability to us with respect to any such PAD.
9. We understand and accept the foregoing terms and conditions, and agree to participate in a PAD arrangement in accordance with this Authorization.
10. We warrant and guarantee that, if the Account shown on the reverse is a joint account, all persons who would be required to sign jointly in order to draw a cheque on the Account or make a withdrawal from the Account have signed this Authorization.
11. We agree to comply with the Rules of the Canadian Payments Association now or hereafter in effect in relation to PAD authorizations and the drawing and processing of PADs, and agree to sign any further documentation that may be required pursuant to such rules.

I/we agree to participate in Kindercenters’s Pre-Authorized Payment Plan and authorize Kindercenters to collect payment of monthly or other miscellaneous billings for childcare services provided by Kindercenters, by means of Pre-Authorized Debits (“PADs”) drawn against my/our account at the financial institution shown on the Authorization form. This Authorization shall apply to any other account and financial institution of which I/we give written notice to Kindercenters in accordance with this Authorization. I/We hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of PADs drawn against my/our Account at my/our Financial Institution in accordance with this Authorization.