

Grace Kidz

Pre-Authorized Debit (PAD) Agreement

Date: _____ Name of Child(ren): _____

I authorize Grace Bible Church of Vernon to debit my bank account for my regular after school care fee plus an additional fee for the month of _____.
(month, year)

The additional fee is:

- Full-day childcare (\$30.00)
- Other:

Please debit my bank account one time in the amount (regular fee plus additional fee): \$ _____.

This amount will be processed from your account on either the
1st or the 15th of the month or the next business day.

Signature: _____

Name: _____

Address: _____

Telephone: _____

I may revoke or change my authorization at any time, subject to providing notice of 15 days to Grace Bible Church of Vernon. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact the Church office, my financial institution or visit www.cdnpay.ca.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

