

Montessori Mes Petits Academy

Unit 300-1046 St. Georges Ave North Vancouver B.C., V7L 3H6 Phone: 604-980-1102 mespetits@mespetits.ca

Montessori Mes Petits Academy Pre-Authorized Debits (PAD)Agreement

1.	Customer Information: Name:			
	Address:			
			Postal Code:	
	Email:			
2.	Banking Information:			
	Account	Branch Tran	sit	
	Number:	Number:	Number:	
		Chequing: me:	Savings:	
			Postal Code:	
3.	Pre-Authorized Debit (PAD) Frequency and Amount Details: I, the Payer, authorize Montessori Mes Petits Academy to debit my bank account identified above for payment of the monthly tuition fee for my child for his/her care and education for the (Child's name)			
	amount of \$			
	(amour	nt)		

I, the Payer, may revoke my authorization at any time with a 30 days notice in writing to Montessori Mes Petits.

4. Incidental Fees:

• I, the Payer, understand that if there are not sufficient funds (NSF) to cover the monthly cost, Montessori Mes Petits will charge \$40.00 on top of the tuition fee.

You, the Payer, have certain recourse right if any debit does not comply with this agreement. For example, repayment that is not authorized or not consistent with this PAD agreement. To obtain more about your recourse rights or to find out more about the PAD cancellation process or to obtain a sample cancellation form, you may contact your financial institution or visit www.cdnpay.com.

Date:	-
Signature of Account Holder:	Signature of Joint Account Holder (if applicable):
Name: (Please Print)	Name: (Please print)