Pre- Authorized Debit Agreement

1. Customer Information	
Parent/Guardian Name: Student Name:	
Street Address:	
City: Province: Province:	Postal Code:
Scheduled Class: M/W/F T/Th \$200.00 \$160.0	00
2. Bank Account Information	
Account Number:	Transit Number:
Institution Number: Chequing Account Savings Account	
Financial Institution: Name: Branch Address:	
3. Pre-Authorized Debit Details	
You, the Payor, authorize Fuzzy Pickles Pre-School to debit the bank account identified above for school tuition of \$ on the 5th day of every month or the next business day. You, the Payor, may revoke your authorization at any time (in writing) subject to providing notice of 30 days	
Signature of Account Holder:	Signature of Joint Account Holder (if applicable):
Name:	Name:
(Please Print)	(Please Print)
Date:	Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement

When the form is complete return to: Fuzzy Pickles Pre-School

1003 A - Allen Street NE Airdrie, AB, T4B 1B3 Phone: 403-948-5277

Email: info@fuzzypickles.ca