

Pre- Authorized Debit Agreement

1. Customer Information

Parent/Guardian Name: _____

Student Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Scheduled Class: M/W/F \$200.00 T/Th \$165.00
 Other \$_____ Other \$_____

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: _____

(Please Print)

Date: _____

Name: _____

(Please Print)

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