

# Pre- Authorized Debit Agreement

## 1. Customer Information

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Applying for subsidy YES / NO**

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

This agreement cannot be used for registration Fees. Please pay Registration fees by EMT, Cash or Check

## 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. If payment is sent back a second attempt will happen 10 days after the first attempt plus a \$20.00 processing fee. 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**