**TREETOP CHILDREN’S CENTRE**

**Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.**

I/ We authorize Treetop Children’s Centre, and the financial institution designated (or any other financial institution I/ We may authorize at any time) to begin deductions as per my/ our instructions for monthly regular payments and/ or one-time payments, for all charges arising under my/ our Treetop Children’s Centre Account. Regular monthly payments for the full amount of services delivered will be debited to my/ our specified account on the 1st day of each month. Treetop Children’s Centre will give more than 30 days’ notice for any changes of regular monthly amounts that will be debited.

This authority is to remain in effect until Treetop Children’s Centre has received written notification from me/ us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I / We may obtain a sample cancellation form, or more information on my/ our right to cancel a PAD agreement at my / our financial institution or by visiting www. Cdnpay.ca.

Treetop Children’s Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/ us.

I/ we have certain recourse rights if any debit does not comply with this agreement. For example, I/ we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for a reimbursement claim, or form more information on my/ our recourse rights, I/we may contact my/ our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE PRINT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF SERVICE: Personal  Business**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD(REN)’S NAME(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE THE FINANCIAL INFORMATION BELOW OR ATTACH A VOID CHEQUE:**

FINANCIAL INSTITUTION (FI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FI ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FI TRANSIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BRANCH- 5 DIGITS, FI 3 DIGITS)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROVINCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_

TREETOP CHILDREN’S CENTRE

80 BRAEMAR AVENUE

TORONTO, ON

M5P 2L4

TEL: (416) 484-8702

EMAIL: INFO@TREETOPCHILDRENSCENTRE.COM

PLEASE PRINT DATE: