

HAPPY HEARTS PRESCHOOL

c/o Westhill Park Baptist Church
8025 Sherwood Drive
Regina, SK S4Y 1G1
Phone: (306) 775-1616 Fax (306) 775-1751
Email: carla@westhillchurch.ca

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Name: _____

Student's Name: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email Address: _____

Month to start PAD:
(Withdraw date is the 1st of each month) _____

Please debit my bank account (*attach VOID cheque*): \$ _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____ **Date:** _____