

For 2023-2024, handwritten forms will not be accepted.

## **Callingwood-Lymburn Community Playschool Pre-Authorized Debit Agreement**

### **1. Customer Information (Please Print Clearly) - Account Holder Only**

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

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

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

Telephone Number: \_\_\_\_\_

Child's Class (check one)  3AM  3PM  4AM  4PM Child's Name: \_\_\_\_\_

### **2. Bank Account Information**

Account Number: \_\_\_\_\_ Chequing  Savings

Bank Transit Number (5 digits): \_\_\_\_\_

Financial Institution Number (3 digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### **3. Pre-Authorized Debit (PAD) Details**

You, the Payer, authorize Callingwood-Lymburn Community Playschool to debit the bank account identified above for:

#### a) Tuition (check one)

**\$120 (Tues/Thurs program)**  **\$150 (M/W/F program)**

on the 1<sup>st</sup> of every month or the next business day. **This will commence on (month) \_\_\_\_\_, 20\_\_\_\_ and end with payment on or about June 1<sup>st</sup>, 20\_\_\_\_.** This is monthly tuition payment for playschool as per fee guidelines as outlined in the Parent Handbook and is for personal use.

These services are for (check one) Personal  Business Use

#### b) Other Payments

Registration Fee \$50 Upon registration

CLCL Membership \$35 September 15, 20\_\_\_\_

Mandatory Chocolate Fundraiser \$90 \$50 October 15, 20\_\_\_\_  
Select one for Oct and Jan

\$90 \$50 January 15, 20\_\_\_\_

Bingo/Toy Cleaning Security Deposit \$100 \$300 (Bingo opt out - payable 15<sup>th</sup> of September)  
(\$100 deposit payable on 15th on month after missed bingo or toy cleaning; fee increases to \$200 for second missed bingo or toy cleaning)

Volunteer Duty Security Deposit \$100 15<sup>th</sup> of month after missed duty

NSF Fee \$25 15<sup>th</sup> of month after NSF payment

Late Payment Fee \$25 15<sup>th</sup> of month after late payment

You, the Payer, may revoke your authorization at any time by ***notifying the CLCP Administrator in writing***, subject to providing 20 days' notice and alternate payment for subsequent months (postdated cheques). To obtain a sample cancellation form or for more information on your rights to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Name of Account Holder (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Joint Account Holder (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ 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. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Please note it is essential that all blank spaces be completed or marked as N/A (not applicable).



**At our playschool, our kids live, love, laugh, and learn!**

Callingwood-Lymburn Community Playschool