

\*\*\*Fillable Form to be typed only. Handwritten will not be accepted. Print fillable form, sign where it is needed and return to S.K.P.

**Swansea Kids' Place**  
**Pre-Authorized Debit (PAD) Agreement**

**1. Customer Information (fillable form – type only accepted)**

Name(s) on Account: \_\_\_\_\_

Names of Children: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**2. Bank Account Information**

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

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

Account Number:

Branch Transit Number:

Financial Institution:

**If available, Please attach a void cheque**

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

I/We authorize Swansea Kids' Place and SCOTIA BANK to begin deductions as per my/our instructions for monthly recurring payment of all charges arising for childcare services that are provided for my/our children. Regular monthly payments will be debited to my/our specified account between the 1st and the 5th of the month in full.

SWANSEA KIDS' PLACE will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Swansea Kids' Place 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.

Swansea Kids' Place 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 has 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 this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution. I/We are fully aware that should the transaction be returned with non-sufficient funds; I will be responsible to pay an administration charge of \$40.00 in addition to the current monthly fee. I/We am also aware that fees are due in advance of service and failure to pay a fee may result in loss of childcare services.

Authorized NAME(S): \_\_\_\_\_

Print Name

Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature