



Pre-Authorized Debit (PAD) Agreement

CUSTOMER INFORMATION:

Name: _____ Child's Name _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

BANK ACCOUNT INFORMATION:

Financial Institution Name: _____

Address: _____

Account Number: _____

Financial Institution Number (3 Digits): _____ Branch Number (5 digits) : _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS:

I/we authorize Extra Steps Learning Centres Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to withdraw monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising from Extra Steps Learning Centres Inc. 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.

Extra Steps Learning Centres Inc. will obtain my/our authorization for any other one-time or sporadic debits.

These services are for (check one) _____personal or _____business purposes.

I may revoke my authorization at any time, subject to providing notice of 30days. 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. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Print Name: _____

Sign Name: _____

Date: _____

Office Use: fee amount: _____

SUBMIT by EMAIL