

Heritage Green Child Care Inc.

360 Isaac Brock Drive

Stoney Creek, ON L8J 2R2

905-573-3822

hgcc@hgchildcare.com / hgma@hgchildcare.com

Pre-Authorized Debit (PAD) Agreement

Surname		Child(ren)'s Name(s)	
1 st Parent's Name		2 nd Parent's Name	
Effective Date		Phone Number	
Street Address		City, Postal Code	
Email Address (1 only) to send monthly invoice and set up your Bank account			
Program Site(s)	<input type="checkbox"/> Heritage Green Child Care <input type="checkbox"/> Mount Albion <input type="checkbox"/> St. James <input type="checkbox"/> Tapleystown		

I/We authorize Heritage Green Child Care Inc. 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 regular monthly recurring fees and/or occasional one-time fees for payment of all charges arising under my/our Heritage Green Child Care Inc. 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 or next business day. Heritage Green Child Care Inc. will provide 10 days notice of the amount of each regular debit by email of an invoice. Heritage Green Child Care Inc. will obtain my/our prior authorization for any other one-time or sporadic debits.

This authorization is to remain in effect until Heritage Green Child Care Inc. has received written notification from me/us of its change or termination. I/We must provide this written notification at least fifteen (15) days before the next debit is scheduled at the address provided above. 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.payments.ca.

Heritage Green Child Care Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days 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 this PAD agreement. To obtain more information on your recourse rights, I/We may contact my financial institution or visit www.payments.ca.

THERE WILL BE A SERVICE FEE OF \$30.00 FOR ANY RETURNED ITEMS

This services are for (check one) Personal Use Business Use

Signature of Account Holder		Signature of Joint Account Holder	
Name of the Account Holder		Name of the Account Holder	
Date		Date	