

AUTHORIZATION FOR PERSONAL PRE-AUTHORIZED DEBITS (PADs) SERVICE

I/We authorize the Fairfield Gonzales Community Association and TD Canada Trust to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time-to-time, for payment of all charges arising under my/our Fairfield Gonzales Community Association account(s). Re-occurring monthly payments for the full amount of all enrolled services will be debited to my/our specified account on the 1st business day of every month. For seasonal camps and professional development days, fees will be withdrawn within the first business week of services provided. A detailed withdrawal schedule will be provided prior to the first day of care. The Fairfield Gonzales Community Association will provide 14 business days written notice of any additional charges to the the amount of each regular debit. Families applying for subsidy, please contact your on site manager or the Childcare Coordinator for PAD details. For detailed payment information please refer to the Parent Handbook associated with your program.

This authority is to remain in effect until the Fairfield Gonzales Community Association has received written notification from me/us of its change or termination. This notification must be received at least 14 business days before the next debit is scheduled at the address provided below. 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.cdnpay.ca

The Fairfield Gonzales Community Association may not assign authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 business days prior 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 a form for Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PERSONAL INFORMATION - PLEASE PRINT

These services are for Personal Business use

Account holder's full name _____ Account holder's full name _____

Child(ren)'s full name: _____

PROGRAM:	<input type="checkbox"/> Fairfield OSC (SJD)	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Five Points Preschool
	<input type="checkbox"/> Margaret Jenkins OSC	<input type="checkbox"/> Moss Rock Preschool	<input type="checkbox"/> Other (camp)

Address _____ City/Town _____ Province _____

Postal Code _____ Phone _____ E-mail _____

FINANCIAL INSTITUTION INFORMATION - PLEASE PRINT

Please provide a VOID cheque (attached to page 2) or provide complete financial information below.
Important note: incorrect information will result in a \$10 penalty fee for re-processing.

I have provided a VOID cheque

Financial Institution (FI) _____ Other _____

Account number

Institution number Transit number

FI Address _____ City/Town _____ Province _____

ACCOUNT HOLDER'S AUTHORIZING SIGNATURE

Name _____ Authorizing signature

Name _____ Authorizing signature

****For joint accounts please check your financial institution 's signing authority requirements. Some institutions require both signatures, where some only require one account holder's signature.

**ATTACH
VOID CHEQUE HERE**

Attention: Kristina Wilcox
1330 Fairfield Road
Victoria, BC, V8S 5J1
Tel: 250-382-4604
E-mail: kwilcox@fairfieldcommunity.ca