



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 For seasonal camps and professional development days, fees will be withdrawn within the first business week of services provided.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

Account holder's full name _____	Account holder's full name _____
Child(ren)'s full name: _____	PROGRAM: <input type="checkbox"/> MJOSC <input type="checkbox"/> FFOSC
	<input type="checkbox"/> Moss Rock Pre
Address _____	City/Town _____
	Province _____
	Postal Code _____
Phone _____	E-mail _____

FINANCIAL INSTITUTION INFORMATION - PLEASE PRINT

Financial Institution (FI) _____

Other _____

Account number VOID Cheque attached

Transit number Institution number

FI Address _____

City/Town _____

Province _____

ACCOUNT HOLDER'S AUTHORIZING SIGNATURE

Name _____	Authorizing signature <input type="text"/>
Name _____	Authorizing signature <input type="text"/>

****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**

(optional if information is provided on the first page)



FAIRFIELD GONZALES
COMMUNITY ASSOCIATION

the place to connect

Attention: *Kristina Wilcox*

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