

LA GARDERIE DU PETIT CHEVAL BLANC

PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

1. Customer Information:

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____

2. Banking Information

Account Number:

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 Branch Transit Number:

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Financial Institution Number:

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 Chequing:

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 Saving:

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Financial Institution Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize LA GARDERIE DU PETIT CHEVAL BLANC to debit the bank account identified above for payment of approved invoices or transactions on the 1st of the month.

These services are for (check one):

Business Use: Personal Use:

You, the Payor, may revoke your authorization at any time with a 30 day notice in writing to CLIENT NAME. To find out more about the PAD cancellation process or to obtain a sample cancellation form, you may contact your financial institution or visit www.cdnpay.com.

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print) Date: _____

Name: _____
(Please Print) Date: _____

You, the Payor, have certain recourse rights if any debit does not comply with this agreement. For example, reimbursement that is not authorized or not consistent with this PAD agreement. To obtain more about your recourse rights, you may contact your financial institution or visit www.cdnpay.com.

4. When the form is complete or for any inquiries, our contact information is as follows:

LA GARDERIE DU PETIT CHEVAL BLANC
22 Falcon Dr
Whitehorse, Yukon Y1A 6C8
867-633-6566
direction@petitchevalblanc.ca