



**Sunny Faces Day Care
Pre-Authorized Debit**

Sunny Faces Day Care
30 Harefield Drive
Etobicoke, On, M9W 4V4
(416) 744-0778
sunny.faces@outlook.com

PLEASE ATTACH A VOID CHEQUE OR BANK FORM

Customer Name

Account Holder Name _____
(PLEASE PRINT)

Centre Location and Program Room

Rivercrest _____ St. Benedict _____

Child's Name _____ Program Room _____

Child's Name _____ Program Room _____

Child's Name _____ Program Room _____

Child's Name _____ Program Room _____

Pre-Authorized Debit (PAD)

A Pre-Authorized Debit (PAD) is an automatic withdrawal taken directly from your bank account by a company or financial institution that you have authorized to do so. By sharing this signed PAD Agreement, you are authorizing Sunny Faces Day Care Centre Inc. to debit your bank account monthly.

Monthly debits will coincide with the invoice you receive via email prior to the monthly amount being debited.

Monthly debits are for Child Care services rendered based on the centres daily fee. This fee will vary from month to month as the number of days in a month also change.



**PAYOR'S PAD AGREEMENT
Terms & Conditions**

1. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
2. I authorize my Financial Institution to honor and pay such debits.
3. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
4. I agree that any direction I may provide to draw a Personal PAD and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed.
5. I may revoke or cancel this Agreement at any time upon notice being provided by me in writing. I acknowledge that to revoke or cancel the authorization provided in this Agreement, I must provide thirty (30) business days notice of revocation or cancellation to the Payee.
6. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used Personal PADs.
7. I understand that I have certain recourse/reimbursement 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.
8. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature.
9. I agree that Sunny Faces is the payment service provider who will be administering the PAD.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be required from time to time.

Name of Account Holder (**Print**)

Signature

Date

Name of Account Holder (**Print**)

Signature

Date