

## 1. Parent Information (Please print clearly)

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## 2. Please ATTACH a void cheque in the space below:

Bank Account Number:

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Branch Transit Number:

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**ATTACH VOID CHEQUE HERE**

Financial Institution Number:

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## 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize the Silver Springs Community Association to debit the bank account identified above for (please check one):

\_\_\_\_\_ \$82.40 on the 1<sup>st</sup> of each month or the next business day (2 day/wk preschool)

\_\_\_\_\_ \$133.90 on the 1<sup>st</sup> of each month or the next business day (3 day/wk preschool)

\_\_\_\_\_ \$401.70 on the 1<sup>st</sup> of each month or the next business day ( 3 full days/wk preschool)

## 4. Volunteer Duty Fee (if volunteer duties are not completed)

\_\_\_\_\_ If you do not fulfill your required volunteer duties, as selected at the beginning of the school year, you, (initials) the Payor, authorize the Silver Springs Community Association to debit the bank account identified above for \$100.00 on or before June 30, 2023.

These services are for (check one): \_\_\_\_\_ Personal \_\_\_\_\_ Business Use

You, the Payor, may revoke authorization at anytime in writing subject to providing 30 days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: (printed) \_\_\_\_\_

Name: (printed) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain more information on your recourse right, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

When the form is complete, mail to or drop off at:

Silver Springs Preschool, 5720 Silver Ridge Drive NW, Calgary AB T3B 5E5

Or scan and email to [programs@silverspringscommunity.ca](mailto:programs@silverspringscommunity.ca)