

Pre-Authorized Debit (PAD) Authorization Agreement

NEW □ UPDATE □		FALL 2023-24	
In order to complete your child(ren)'s re	egistration, Sections 1 – 3 MU	ST be completed and signed.	
SE	ECTION 1: CUSTOMER INF	ORMATION	
Account Holder's Name (Last, First):			
Child(ren)'s Name(s) (Last, First):			
Address:	City/Province:	Postal Code:	
Phone no:	Email address:		
Type of service: Personal ☐ Business ☐]		
SEC	TION 2: BANK ACCOUNT IN	IFORMATION	
☐ No change from previous PAD agre	eement		
Financial Institution # (3 digits):		tting new bank account information, void cheque	
Branch # (5 digits):	offici	⊸or⊷ ' official bank confirmation of account MUST be attached.	
Account #:	L		

KEATING OUT OF SCHOOL CARE

6843 CENTRAL SAANICH RD. VICTORIA BC V8Z 5V4 (250) 652-5546

kosckids@telus.net www.keatingoutofschoolcare.com



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SECTION 3: PRE-AUTHORIZED DEBIT (PAD) DETAILS

•	r regular monthly recurring paymer	,	,	
	\$121 (full-time Before School Care	2)		
	\$285 (full-time After School Care)			
	\$390 (full-time Before and After So	chool Care)		
	Other amount (please specify):			
for eac	h child listed in Section 1, from Sep	tember 2023 to June 2024.		
statem the anı	ent sent to you at the beginning of nual membership fee (\$40 start-up	the month prior to withdraw for new families, \$25 renewa	nandbook will be summarized in a monity alon the 15 th of that month. This inclused for current families), which will be drawn a child's enrolment in KOSC programs.	udes awn
	uthorize KOSC to debit the bank acc nal monthly fees.	ount above on the 15 th of ev	very month or the next business day fo	r any
This PA	D agreement is to come into effect	on	·	
Signatu	ure of Account Holder	Name (please print)	Date	_

You, the payor, may revoke your authorization at any time by providing at least 10 days written 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.

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 rights, contact your financial institution or visit www.cdnpay.ca.

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