



Central Eglinton Children's Centre  
223 Eglinton Avenue East,  
Toronto, Ontario  
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416440-0795 fax  
[centraleglinton@rogers.com](mailto:centraleglinton@rogers.com)  
[www.centraleglintonchildrenscentre.com](http://www.centraleglintonchildrenscentre.com)

**PREAUTHORIZED DEBIT AGREEMENT**

**1. Customer Information (please print clearly):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

**2. Bank Account Information:**

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Financial Institution Number (3 Digits): \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Chequing Account:  Savings Account:  These services are for (check one) \_\_\_\_\_personal \_\_\_\_\_business use

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

You, the Payor, authorize **Central Eglinton Children's Centre** to debit the bank account identified above for payment of monthly fees.

**4. Withdrawal Notification**

**Withdrawals will be made by the TD Bank, you will receive notification from CECC prior to withdrawal.**

**5. Withdrawal Frequency: I/we hereby authorize CECC to drawn on the following frequency:**

- 1<sup>st</sup> of each month.

**6. Withdrawal Amounts: I/we hereby authorize CECC to draw:**

- Outstanding Amounts – maybe withdrawn on a specified date, with your agreement

**7. Payment Stopped or Re-called**

If you stop a payment or a payment is re-called, when CECC receives notice, we will contact you. We will set a new date of withdrawal or may require you to pay via money order or certified cheque. There will be a \$25 administrative charge.

**8. Non-Sufficient Funds (NSF)**

If your payment is returned NSF, when CECC receives notice, we will contact you. We will set a new date of withdrawal or may require you to pay via money order or certified cheque. There will be a \$25 administrative charge.

**9. Changes to PAD**

If you change your banking account, you will be required to sign a new PAD agreement. Please request a new agreement from CECC

**10. Cancel Agreement**

You, the Payor, may revoke your authorization at any time, subject to providing written notice of 30 days. When you withdraw from CECC, and have no outstanding fees, we will terminate the agreement. 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.payments.ca](http://www.payments.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)

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 rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

**PLEASE ATTACH A VOID CHEQUE. THE CHEQUE MUST BE IN THE NAME OF THE ACCOUNT HOLDER ON THE PAD AGREEMENT.**