

A Step Ahead accepts Pre-Authorized Debit for regular child care fee payments. This must be arranged and set up before your child starts attending. If the first month of care was paid in advance, further payments using Pre-Authorized Debit will begin the following month.

A Step Ahead accepts email transfer payments for registration/enrollment, first month of care, and drop in fees.

Pre-Authorized Debit (PAD) Agreement

A Step Ahead Child Development Services Ltd

I/We authorize A Step Ahead Child Development Services Ltd (herein also known as A Step Ahead) to deduct a recurring monthly payment for child care fees, between the first and third business day of each month, September to June. I/We may also authorize occasional one-time payments as they arise. I/we understand that this is a personal PAD transaction. I/We understand that I/we waive any legislative or regulatory requirement for pre-notification.

I/We understand that I/we must provide written notice to A Step Ahead to change or terminate this authorization. This notification must be received at least thirty (30) days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. For more information on my/our recourse rights or to obtain a form for a Reimbursement Claim, I/we may contact my/our financial institution or visit www.cdnpay.ca.

BANK ACCOUNT INFORMATION- Please Print Clearly

Account Holder Name(s): _____

Street Address : _____

City/Town : _____ Province : _____ Postal Code : _____

Phone Number: _____ Email: _____

Financial Institution Name : _____

Branch Address : _____

City/Town : _____ Province : _____ Postal Code : _____

Branch Transit Number (5 digits) : _____ Financial Institution Number (3 digits) : _____

Deposit Account Number : _____

Authorized Account Signature(s): _____ Date : _____

PLEASE ATTACH A VOID PERSONALIZED CHEQUE OR ATTACH A BANK VERIFICATION FORM STAMPED BY YOUR FINANCIAL INSTITUTION

Office Use

Payment Changes and updates

Child/Children: _____ Total Fee Amount: _____ Date _____

Child/Children: _____ Total Fee Amount: _____ Date _____

Child/Children: _____ Total Fee Amount: _____ Date _____

Child/Children: _____ Total Fee Amount: _____ Date _____