

# Personal Pre-Authorized Debit (PAD) Agreement



## 1. Payment Information (Please print clearly)

Monthly Debit Amount: \$ \_\_\_\_\_

Transaction Date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: child's Termination Date OR To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy mm / dd / yyyy

## 2. Please attach a void cheque or a direct deposit form

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

I/We authorize Kids U Inc./Kids U McKnight Inc (Kids U) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular payments and/or one-time payments from time to time, for payment of all charges arising under my/our KIDS U account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month.

KIDS U will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice 10 calendar days prior to any debits. This authority is to remain in effect until KIDS U has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) calendar days before the next debit is scheduled at the address provided below. I/We may revoke my authorization at any time, subject to providing one month's notice. 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](http://www.cdnpay.ca).

In the case of variable amount PAD's, KIDS U will provide 10 days written notice prior to any changes in the fees and/or its schedule. I/We agree that should my payment not clear for any reason, the PAD will re-try within 5 days and a \$25 NSF fee will be charged for this service. 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. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature or Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if appropriate)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When the form is complete, submit to: Kids U  
11422 Braeside Dr. SW, Calgary, AB, T2W 4X8

Attention: Program Coordinator  
Tel: 403-259-6328 Email: [braeside@kidsu.ca](mailto:braeside@kidsu.ca)