



Montessori Mes Petits Academy

Unit 300-1046 St. Georges Ave

North Vancouver

B.C., V7L 3H6

Phone: 604-980-1102

mespetits@ourpreschool.com

Montessori Mes Petits Academy Pre-Authorized Debits (PAD) Agreement

1. Customer Information:

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Cell: _____
Email: _____

2. Banking Information:

Account Number: _____ Branch Transit Number: _____

Financial Institution: _____
Number: _____ Chequing: _____ Savings: _____

Financial Institution Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____

3. Pre-Authorized Debit (PAD) Frequency and Amount Details:

I, the Payer, authorize Montessori Mes Petits Academy to debit my bank account identified above for payment of the monthly tuition fee for my child

_____ for his/her care and education for the

(Child's name)

amount of \$ _____

(amount)

I, the Payer, may revoke my authorization at any time with a 30 days notice in writing to Montessori Mes Petits.

4. Incidental Fees:

- I, the Payer, understand that if there are not sufficient funds (NSF) to cover the monthly cost, Montessori Mes Petits will charge \$40.00 on top of the tuition fee.
- \$300 as a Security Deposit, paid in advance before the child's start day. This Security Deposit ensures that your child will start at Mes Petits as per the Registration Application written date.
- A yearly supply charges for materials will be added to the first month's tuition
- An extra day will be an extra \$60.-
- Field trips (parents will be consulted previously to charging this fee)
- The Yearbook price varies from publisher to publisher -amount will be given to parents through email.

You, the Payer, have certain recourse right if any debit does not comply with this agreement. For example, repayment that is not authorized or not consistent with this PAD agreement. To obtain more about your recourse rights or to find out more about the PAD cancellation process or to obtain a sample cancellation form, you may contact your financial institution or visit www.cdnpay.com.

Date: _____

Signature of Account Holder:
(if applicable):

Signature of Joint Account Holder

Name: (Please Print)

Name: (Please print)