



## Personal Pre-Authorized Debit (PAD) Agreement

### 1. Payment Information (Please print clearly)

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

Transaction Date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: 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. 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, or the next business day thereafter.

KIDS U will obtain my/our authorization for any other one-time or sporadic debits, such as the Annual Materials Fee, 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 months' 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 \$35 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