

**PAD - PRE-AUTHORIZED DEBIT AGREEMENT - PAYOR'S PERSONAL PAD**  
**OSCAR – Out of School Care, a program of CDSS.**

|          |           |                      |
|----------|-----------|----------------------|
| Program: | <b>CR</b> | <b>JS</b>            |
|          | <b>SP</b> | <b>STP</b> <b>ES</b> |

- My child/ren, \_\_\_\_\_, is/are registered in the 2020/2021 school year. Personal, financial and account information listed below. I authorize Camrose & District Support Services (CDSS), on behalf of OSCAR (Out of School Care) Program, to set up pre-authorized debit (PAD) from my bank account for the monthly OSCAR payment, as per the monthly invoice that I will receive from OSCAR.
- This agreement can be cancelled at any time, upon OSCAR/CDSS receiving written notice 10 days to the transmission date of the 20<sup>th</sup>. A cancellation form is on our website for your use at [www.camrosefcss.ca](http://www.camrosefcss.ca)
- The deduction will commence on the 20<sup>th</sup> of the month, following the first invoice received and will end July 20/21 or upon cancellation. (If the 20<sup>th</sup> falls on weekend or STAT holiday, deduction will be on the next business day)
- Registration Fee, if not paid at registration will come out the month before starting or month of starting the program
- If the banking information changes, notification must be given to the OSCAR program 10 days prior to the transmission date of the 20<sup>th</sup>.
- If an electronic payment is rejected due to non-sufficient funds, you will be contacted for cash re-payment of rejected payment, and a \$45.00 NSF fee.
- If an electronic payment is rejected due to non-sufficient funds for 2 consecutive month, we will cancel the PAD agreement and make arrangements with you for other methods of payment.
- 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.cdnpay.ca](http://www.cdnpay.ca).

|   |                       |                |
|---|-----------------------|----------------|
| <b>PERSONAL INFORMATION</b>               |                       |                |
| Parent's Name: _____                      |                       |                |
| Address: _____                            |                       |                |
| Postal Code: _____                        | Province: _____       |                |
| Phone: _____                              |                       |                |
| Home                                      | Cell                  |                |
| <b>FINANCIAL INFORMATION</b>              |                       |                |
| Bank Name: _____                          |                       |                |
| Bank Address: _____                       | PHONE: _____          |                |
| <b>ACCOUNT INFORMATION</b>                |                       |                |
| Transit Number<br>(consists of 5 numbers) | Financial Institution | Account Number |
| <b>and/or attach a Void Cheque</b>        |                       |                |

I authorize the Payee, Camrose & District Support Services, to debit my bank account on the 20<sup>th</sup> of the month as per variable amount on invoice, beginning \_\_\_\_\_ & ending July, 2021 or sooner if cancelled.

Registration Fee On \_\_\_\_\_

Authorized Signature or Signatures \_\_\_\_\_

Date: \_\_\_\_\_

