

PAD - PRE-AUTHORIZED DEBIT AGREEMENT - PAYOR'S PERSONAL PAD

OSCAR – Out of School Care, a program of CDSS.

Program: CR	JS
SP	ES

- My child/ren, _____, is/are registered in the 2021/2022 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 20th.
- The deduction will commence on the 20th of the month, following the first invoice received and will end July 20/22 or upon cancellation. (If the 20th 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 20th.
- 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 months, 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.

PERSONAL PAYORS INFORMATION

Name: _____

Address: _____ Province: _____

Postal Code: _____ Phone Number: _____

FINANCIAL INFORMATION

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____

ACCOUNT INFORMATION

Transit Number (5 numbers)

Financial Institution Number

Account Number

I authorize the Payee, Camrose & District Support Services, to debit my bank account on the 20th of the month as per variable amount on **monthly invoice**, beginning _____ & ending July, 2022 or sooner if cancelled.

Registration Fee Paid

by PAD or Other ON _____

Authorized Person to sign (any format)

Date: _____

