



# McKenzie Towne Church Pre-Authorized Automatic Debit (PAD) Agreement

## 1. PAYOR INFORMATION (Please Print Clearly)

Account Holder Name(s)		Child's Name	
Address (Street, City, Province, Postal Code)			
Email Address		Home Phone	

## 2. BANK ACCOUNT INFORMATION — **\*\*Please check the BOX below which applies to you\*\***

**NEW PRESCHOOL FAMILY:**

Please attach a VOID cheque in the space provided below for the bank account which you would like your monthly payments to be withdrawn from.

Attach VOID cheque here

**CURRENT PRESCHOOL FAMILY:**

I/we: **1) currently** have a child in the **2020-21** Preschool program (not any previous years), **2) currently** have automatic monthly withdrawals being processed AND **3) are using the same banking info for the 2021-22 Preschool year.**

## 3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

**Monthly payment:**

- \$170—3yr old (4 hr program)
- \$200—4yr old (6 hr program)

\$ \_\_\_\_\_

I hereby authorize McKenzie Towne Church, on behalf of Sonshine Park Preschool, to withdraw the indicated amount from my bank account for my child's monthly preschool fees. I understand that a total of 10 payments in the amount I have indicated will be automatically withdrawn from my bank account on the first day of each month, beginning Sept. 1, 2021 for the **2021/22 Sonshine Park Preschool program year.**

Signature of Account Holder:	X
Name: (please print)	
Date:	

Signature of Account Holder:	X
Name: (please print)	
Date:	

### The Fine Print...

You, the Payor, may revoke your authorization at any time subject to providing written notice of 30 days in advance, to end the pre-authorized debit (PAD). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). 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).

When this form is complete, you may hand it in to the church office, OR mail/email/fax it to:

**McKenzie Towne Church**  
**7 McKenzie Towne Gate SE**  
**Calgary, AB T2Z 3W5**  
**Ph: 403.257.5360 Fax: 403.257.5384**  
**Email: [office@mckenziestownechurch.com](mailto:office@mckenziestownechurch.com)**