Pre-Authorized Payment Form

1. Customer Information *(Please Print Clearly)*

Name:

Galaxy Montessori Account No. | | | | |

Street Address:

City: Province: Postal Code:

Telephone Number:

2. Bank Account Information

Deposit Account Number: | | | | | | | | | | | Branch Transit Number: | | | | | |

Financial Institution Number: | | | | ☐ Chequing Account ☐ Savings Account

Financial Institution: Name:

Branch Address:

3. Pre-Authorization Debit (PAD) Details

You, the Payor, authorize Galaxy Montessori Inc. to debit the bank account identified above for $ tuition fee on the enrollment date of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

This authority is to remain in effect until Galaxy Montessori Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (30) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form from Galaxy Montessori or Payor financial institution. I/we can obtain more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting **www.cdnpay.ca.**

Signature of Account Holder: Signature of Joint Account Holder *(if applicable)*

Name: Name:
(Please print) *(Please print)*

Date: Date:

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**

When the form is complete, submit to school administration along with a cheque from the above account. Cross cheque and mark it "VOID". *(for assistance please speak with school administration)*

GALAXY MONTESSORI
130 Tower Hill Rd. Richmond Hill, Ontario L4E-0K6
Tel: 9905) 884-3252 Email: info@galaxymontessori.com Web: www.galaxymontessori.com