



Electronic Funds Transfer (EFT) Agreement

1019 Fernwood Ave | Port Coquitlam | BC | V3B 5A8 | Phone: (604) 942-3746 | Fax: (604) 945-6455

Customer Information (Please print clearly)

Name(s): _____

Child(ren) Last & First Names: _____

Address _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Bank Account Information (to be completed by OFFICE ONLY)

Bank Account Number:

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 Branch Transit Number:

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Financial Institution _____

Branch Address: _____

Pre-authorized Debit (PAD) Details

I authorize British Columbia Christian Academy Society (BCCA KIDS CLUB) to debit the bank account identified above for the amount specified below on a monthly basis for the value of the services that the school and/or daycare has provided.

Monthly Amount: \$_____ .00 for _____ to _____ 20_____

These Services are for _____ Personal _____ Business
(check one):

Payment Period (circle one): 1st/ 15th of the month

I understand that I may revoke my authorization at any time, subject to providing written notice of 30 days. 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.

Signature of Account Holder: _____	Signature of Joint Account Holder (if applicable): _____
Name (please print): _____	Name (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.

****Original Void cheque must accompany this agreement to be implemented****