



BCCA Kids Club

1019 Fernwood Ave, Port Coquitlam, BC, V3B 5A8 ◦ Phone: (604) 942-3746 ◦ Fax (604)942-9943

Electronic Funds Transfer (EFT) Agreement

Customer Information (Please print clearly)

Name(s): _____

Address _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Bank Account Information

Bank Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Branch Transit Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Institution _____

Branch Address: _____

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

Pre-authorized Debit (PAD) Details

I/We authorize British Columbia Christian Academy Society dba BCCA Kids Club, to debit the bank account identified above for regular recurring student(s) monthly fees and/or additional charges arising due to drop-in, PRO-D Days, Early Dismissal, Winter break, Spring break, Summer break, Annual Re-Registration and Emergency Package fees. I understand that it will be debited to my/our specified account on the 1st or 15th of each month as indicated above. BCCA Kids Club will provide an annual statement for the monthly fees and 7 days' notice of any additional or sporadic debits.

This authority is to remain in effect until BCCA Kids Club receives notification from me/us of its change or termination or until my BCCA Kids Club account is active while my child/ren are enrolled and attending the Centre.

BCCA Kids Club may not assign this authorization whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior notice to me/us.

I understand that I may revoke my authorization at any time, subject to providing written notice of one calendar month. 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): _____

Print Name: _____

Print Name: _____

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****