



# GREENFIELD COMMUNITY NURSERY SCHOOL (GCNS)

## Automatic Payment Withdrawal Authorization – 2017-2018

Date: \_\_\_\_\_

I consent to personally pay tuition to Greenfield Community Nursery School through monthly debit.

I understand this debit will be made on August 1<sup>st</sup>, then on the 1st of each month (beginning October 1, 2017 through to June 1, 2018).

If the payment due date falls on a weekend or a holiday, the account will be debited on the next business day.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Please debit my bank account (circle one):

\$115 (tuition for classes 2 days /week)    \$145 (tuition for classes 3 days /week)

Account Holder Name(s): \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

\_\_\_\_\_

I may revoke my authorization at any time, subject to providing written notice of 7 business days to the Registrar or Treasurer at the email addresses below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Email: [registrar@greenfieldnurseryschool.com](mailto:registrar@greenfieldnurseryschool.com)

Email: [treasurer@greenfieldnurseryschool.com](mailto:treasurer@greenfieldnurseryschool.com)

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)