

**Pre-authorized Debit (PAD) Agreement**

**Canterbury Community Association**

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

Please debit my bank account: (attach VOID cheque or letter from bank with banking information) OR same as last year \_\_\_\_\_ (please tick): by amount \_\_\_\_\_ (specify) from September 15<sup>th</sup>, of 2017 and on the first of the month from October 2017 to June 2018 for Dance for my child or children

Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address/Contact Information:

I may revoke my authorization at any time, subject by providing a written 30-day notice.

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).

**Canterbury Community Association**

**2185 Arch Street**

**Ottawa, Ontario, K1G 2H5**

**Tel: 613-738-8998**

**E-mail: [programs@cca-acc.ca](mailto:programs@cca-acc.ca)**

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).