

Pre-Authorized Account Debit (PAD)

Britannia has an Electronic Funds Transfer System to process childcare fee payments. This means, instead of post-dated cheques, fees will be directly transferred from your account to Britannia on the first business day of the month.

In order to have your fees electronically transferred, you will need to fill out a pre-authorized account debit (PAD) form with the exact amount of your monthly fee and include a VOID CHEQUE, return both to the program supervisor. The PAD form is attached to this memo.

In order to start the transfers we will need the PAD forms submitted upon registration.

With the PAD system in place you will no longer receive monthly receipts; one receipt for all your PAD payments will be issued at year end for income tax or upon termination of services.

Please note, our fee policy remains the same.

Families that have child care subsidy through the MCFD are not eligible for the PAD program. If you are on MCFD childcare subsidy please continue to provide post dated cheques for your parent portion.

If you have any questions about the PAD system feel free to contact me directly at 604.718.5843.

Thank you,

BRITANNIA COMMUNITY SERVICES CENTRE
1661 Napier Street
Vancouver, BC V5L 4X4
Ph: 604.718.5800 Fax: 604.718.5858



Britannia OSC Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Payor Account Number:

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Debit Amount: \$ _____

Branch Transit Number:

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Financial Institution Number:

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 Chequing Savings

Financial Institution: Name _____

Branch Address _____

Transaction Date: From: ____/____/____ To: ____/____/____
mm dd yyyy mm dd yyyy

Please attach a void cheque.

3. Payee Information (Office only)

Britannia OSC

Account #:

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 Branch Number: _____

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4. Pre-Authorized Debit (PAD) Details

I/We authorize [Britannia OSC](#) and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our [Britannia OSC](#) account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. These services are for OSC fee payment.

These services are for (check one) _____ personal or _____ business purposes.

[Britannia OSC](#) will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until [Britannia OSC](#) has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

In the case of variable amount PADs, [Britannia OSC](#) will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, submit to:

[Britannia OSC](#)
1661 Napier Street, Vancouver BC, V5L 4X4
Phone #: 604 718.5843