

**Tri-County Regional Centre for Education Account #:**  
010-00003-72 60008

## AUTHORIZATION

### Account Holder Information:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-Mail: \_\_\_\_\_

I/we authorize the Tri-County Regional Centre for Education and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account as per the fee agreement instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our TCRCE After-School Program account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 20th day of each month preceding the month the service is provided starting August 20<sup>th</sup>, 2021. I understand that it is my responsibility to pay any outstanding fees dated prior to this application. This is to confirm this is a personal pre-authorized debit and not a business pre-authorized debit or a funds transfer pre-authorized debit.

This authority is to remain in effect until the TCRCE After-School Program has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days prior to the 20<sup>th</sup> of the month 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](http://www.cdnpay.ca).

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](http://www.cdnpay.ca). Please provide the following information and complete all sections:

\_\_\_\_\_  
Bank/Financial Institution Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
Province\_\_\_\_\_  
Postal Code

**Please attach a VOID CHEQUE or  
AUTHORIZATION FORM from your bank to withdraw from your bank account.**

I (we) have read and understand the Authorization above and all the provisions contained in the Terms and Conditions below (page 2), which form part of this authorization. I (we) are responsible to manually pay any amount owing, prior to the Tri-County Regional Centre for Education receiving this authorization.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

When form is completed please return pages 1 &amp; 2 to:

**TCRCE After-School Program**  
79 Water Street, Yarmouth, NS B5A 1L4  
Phone: 902-749-2800 Fax: 902-749-5697

## Terms and Conditions

I/we acknowledge that this Authorization is provided for the use of Tri-County Regional Centre for Education and their financial institution and is provided in consideration of my/our financial institution agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association.

I/we warrant that all persons whose signatures are required to sign on this account have signed this Agreement.

The debit amount may vary according to the transactions processed during the billing period. When a debit exists on my/our TCRCE After-School Program account, the amount will be withdrawn on the account on the 20<sup>th</sup> of the month or the following business day as per our fee agreement. Pre-authorized debit will begin on the 20<sup>th</sup> of the month preceding the month the service is provided starting August 20, 2021. If applications are submitted after August 20, 2021 I/we understand that it is my/our responsibility to pay any outstanding fees dated prior to this application.

In the event that a payment is returned non-sufficient funds ("NSF"), I/we consent to the Tri-County Regional Centre for Education processing an additional PAD in the amount of \$15.00 representing the NSF fee.

I/we consent to the Tri-County Regional Centre for Education processing the following additional fees as outlined in the TCRCE After-School Program Parent Hand Book when applicable:

- \$5.00 fee will be charged for failing to notify the ASP Office that your child will not be attending the program.
- \$10.00/family per 15 minutes or part thereof will be charge for late pick-up after 5:30pm.
- \$15.00 for Fee Agreement Change if changes are made to the amount of days attending.

Termination of this agreement is permitted at any time, upon notification to the TCRCE After-School Program. I/we will provide the TCRCE After-School Program written notice of changes in the account information or the termination of this authorization 30 days prior to the 20<sup>th</sup> of the month. Further information on my/our right to cancel a PAD agreement can be obtained from the Canadian Payments Association at [www.cdnpay.ca](http://www.cdnpay.ca). (Allow 15 days for the processing of a termination or change request.)

I/we acknowledge that by providing this authorization to the Tri-County Centre for Education, I/we are also providing authorization to our financial institution.

I/we) acknowledge our financial institution is not required to verify that payment(s) are withdrawn in accordance with this authorization including, but not limited to, the amount.

I/we acknowledge that my/our financial institution is not responsible for verifying whether conditions of service have been met before processing the pre-authorized debit.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### **Office Use Only:**

Customer # \_\_\_\_\_  
First Payment Date: \_\_\_\_\_  
Last Payment Date: \_\_\_\_\_