

**CH Nursery Management Ltd. O/A
Early Discoveries (EDNS)
PO Box 27074, Tuscany PO
Calgary, AB T3L 2Y1**

Child's Name: _____
Class(es): _____

Please attach a void cheque

1. Customer Information (please print clearly):

Parent's Name: _____

2. Bank Account Information – Will be taken from Void Cheque

Financial Institution Name: _____

Branch Transit Number: _____

Financial Institution Number (3 Digits): _____

Deposit Account Number: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize CH Nursery Management Ltd. to debit the bank account identified above for (please check):

___ Registration fee of \$100 (not applicable to Wilbury Gang or Peek-A-Boo)

___ Wilbury Gang or Peek-A-Boo programs, \$50 per month

___ Stepping Stones program, \$175 per month

Preschool, 3 or 4 year old program

___ \$110 per month (once a week) ___ \$190 per month (twice a week) ___ \$240 per month (3 times)

___ \$285 per month (4 times per week) ___ \$325 (5 times per week)

___ Other (i.e. you have more than one child attending; your child will qualify for government funding, etc. Amounts to be determined by CH Nursery Management Ltd. upon registration)

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

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.