



Friendship Co-Operative Playschool

Covenant Christian Reformed Church
410 Lansdowne Avenue
Woodstock, ON, N4T 1J2
Tel. (519) 539 4287
Email: friendshipcooperative@gmail.com
www.friendshipcooperativeplayschool.com

FOR OFFICE USE	
Child's Name:	_____
Days:	_____
Enrolment Date:	_____
Withdrawal Date:	_____

Customer Information (please print clearly):

Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____
E-mail Address: _____

1. Bank Account Information: (A VOID Cheque is preferred)

Financial Institution Number (3 Digits): _____
Financial Institution Name: _____
Financial Institution Branch Address: _____
Deposit Account Number: _____
Branch Transit Number: _____
Chequing Account: Savings Account:

2. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize FRIENDSHIP COOPERATIVE PLAYSCHOOL to debit the bank account identified above for Monthly Tuition to the amount as calculated each month per days registered. This payment will be withdrawn on the 1st day of each month for the period of September 2024 till June 2025.

*The first month will be a double payment for first and last month tuition. To the total off \$_____.

These services are for (check one) _____personal _____business use

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

Name: _____
(Please print)

Name: _____
(Please print)

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.payments.ca