



PAYER'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD)

1. Payer's Name (print): _____ I/We warrant and represent that the following information is accurate.

Surname		First Name		Initial	
Street			Apt/Unit #		PO Box #
City/Town and Province			Postal Code		Telephone #
Fax #					
Name of Payer's Financial Institution (the "Processing Member")			Bank Transit #		Payer's Bank Account #
Street			Unit #		PO Box #
City/Town and Province			Postal Code		Telephone #
Fax #					

2. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization 25 days prior to the next due date of the PAD.

Name of Payee (the "Payee")		Address			
Grace Note Child Care Centre (2010) Limited		7071 Bayers Road, Suite 264			
City/Town and Province		Postal Code	Telephone Number	Cell Number	Fax Number
Halifax, Nova Scotia		B3L 2C2	(902) 444-3480	(902) 229-5222	(902) 444-3480

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member and is provided in consideration of the Processing Member agreeing to process debits against my/our account, as listed above (the "Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Canadian Payment Association ("CPA") Rule H1) (the "PAD") drawn on the Account, for the following purpose: **Payment for child care services.**
6. I/We may cancel the Authorization at any time upon providing written notice to the Payee.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Member. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide to us, at the address provided in section 1:
 - (a) with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s) unless such notice has been waived in accordance with CPA Rule H1; and
 - (b) with respect to variable amount PADs, written notice of the Payment amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD unless such notice has been waived in accordance with CPA Rule H1.
9. The Payee may issue a PAD _____ starting on _____, in the amount of \$ _____.
(frequency of debits) (mm/dd/yyyy)
10. I/We acknowledge that the Processing Member is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contact for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We may dispute a PAD only under the following conditions:
 - (i) the PAD was not drawn in accordance with the Authorization;
 - (ii) the Authorization was revoked; or
 - (iii) pre-notification was not received and per-notification was required under the terms of the Payor's PAD agreement.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Member holding the Account up to and including 90 days in the case of a personal PAD (or up to and including 10 business days in the case of a business PAD) after the date on which the PAD in dispute was posted to the Payor's account.
13. I/We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system.
14. I/We understand and accept the terms of participating in this PAD plan.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Attach copy of Payer's cancelled cheque for payment processing purposes