

CONSEIL COMMUNAUTAIRE ÉTOILE DE L'ACADIE (CCEA)

*BRINS DE SOLEIL DAYCARE*

*BEFORE AND AFTER SCHOOL PROGRAM*

5, Inglis Street, Sydney, Nova Scotia B1J 7C6

Phone: (902) 539-8854 Email: brinsdesoleil@gmail.com

## Automatic Payment Enrollment Form

### Conditions

1. To revoke this agreement, I must deliver a written notice to the Society 30 days before the revocation date.
2. The Society will take the necessary measures to ensure withdrawals for a fixed amount on a fixed date and according to a fixed cycle, as indicated in the Table of pre-authorized payments. Any change will be preceded by a written notice at least 10 days before the date of implementation by the Society.
3. Any changes to the account information provided in this authorization before the due date for the pre-authorized withdrawal will be provided in writing to the Society.
4. I acknowledge (we acknowledge) that the bank is not required to verify that the withdrawal has been made in accordance with the details of the authorization, particularly with regard to the amount and frequency of payments.
5. I acknowledge that the bank is not required to verify the purpose of the payment for which the withdrawal was made for the Society.
6. I acknowledge that any payment with insufficient funds (NSF) will be required to be paid in full immediately with an additional \$50 administration fee.
7. I can dispute a pre-authorized withdrawal in the following circumstances:
  - i. the pre-authorized withdrawal was not carried out in accordance with this authorization;
  - ii. this authorization has been revoked;
  - iii. the withdrawal was posted to the wrong account due to an error in the account information provided by the Society.

I acknowledge that, to be reimbursed, I must complete a declaration that (i), (ii), or (iii) has taken place and that I must present it to the financial institution where my (our) account is located, within 90 days.

I acknowledge that a request for reimbursement based on the fact that the authorization of the Society has been revoked is a matter to be settled only between myself and the Society when a withdrawal is contested after 90 days.

8. The account from which the Society is authorized to make withdrawals is indicated below.  
**A void check for this account and is attached to this authorization form.**

Please, indicate the tax receipt recipient name or recipients names	
Parent or Guardian 1	
Parent or Guardian 2	
Address	
City, Province and Postal code	Phone
Financial Institution	
Financial Institution Address	
Account Number:	
Account Category (checking or saving)	
Email address (will be used for all communications with regards to your file as well as your year end receipts, if applicable):	

**Please attach a voided check to this form**

9. All individuals whose signatures are required for this account have signed this agreement.
10. I authorize the Society to make withdrawals from my bank account, for the purposes indicated above.
11. Any future changes to these banking arrangements **MUST BE FORWARDED** to  
CCEA: 15 Inglis St, Sydney, NS, B1J 7C6 or email: brinsdesoleil@gmail.com

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_