



Pre-Authorized Debit (PAD) Agreement for 2019-2020 After School Program (Single Payer)

STUDENT NAME: _____ **An individual payment agreement is required for each child*

PAYER INFORMATION (If different from Parent/Guardian):
 Payer Name _____
 Cell # _____ Home # _____ Email Address _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payer, authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness.) to debit your bank account according to the schedule selected below. Program fees will be debited from your bank account on a bi-weekly basis beginning August 30, 2019 and ending June 19, 2020. If the student's start date is after the program's start date, your first payment will be for a pro-rated amount that will be debited from your bank account on the day the registration form is processed or on the next scheduled payment date and your remaining payments will follow the schedule selected below. Please see Section 4 of the attached Pre-Authorized Debit (PAD) Terms & Conditions for instructions on how you may cancel this PAD agreement.

Check one (1) of the following options:
 Please use my bank account identified on the void cheque attached.
 I am an existing MAX customer and please use my bank account that I have on file at MAX.

If the student has a sibling enrolled on a full-time basis in any MAX Childcare program (the MAX After School Program, MAX Childcare (Olympic Dr.), or MAX Childcare (Gingerbread House)), the student is considered an Additional Student.

Check the payment schedule that corresponds to the student's program:

	Frequency	Amount	Start Date	End Date
<input type="radio"/> Full- Time, First Student, with transportation provided by MAX	Every 2 weeks	\$ 199.00	August 30, 2019	June 19, 2020
<input type="radio"/> Full- Time, Additional Student, with transportation provided by MAX	Every 2 weeks	\$ 170.00	August 30, 2019	June 19, 2020
<input type="radio"/> Full- Time, First Student, with transportation provided by the parent(s)/guardian(s)	Every 2 weeks	\$ 189.00	August 30, 2019	June 19, 2020
<input type="radio"/> Full- Time, Additional Student, with transportation provided by the parent(s)/guardian(s)	Every 2 weeks	\$ 164.00	August 30, 2019	June 19, 2020

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions for Pre-Authorized Debit Agreement for 2019-2020 After School Program.*

Signature of Account Holder: _____ Name (please print) _____ Date (mm/dd/yyyy) _____	Signature of Joint Account Holder (if required): _____ Name (please print) _____ Date (mm/dd/yyyy) _____
---	---



Pre-Authorized Debit (PAD) Agreement for 2019-2020 After School Program (Single Payer)

1. In this agreement, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I hereby authorize City Stars Holdings Inc. (doing business as MAX Arts. Athletics. Wellness. and hereafter referred to as MAX) and my financial institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
3. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Agreement.
4. I may cancel this Agreement at any time upon written notice being provided to MAX within 30 days before the next PAD was to be issued. I acknowledge that to obtain a sample cancellation form, or to receive more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.
5. This Agreement applies only to the method of payment and I agree that cancellation of this agreement does not terminate or otherwise have any effect on any contract that exists between MAX and me.
6. I understand that notice of any change in the frequency or date of the PAD will be given to me in writing or via email at least one month in advance, at the last address provided by me to MAX.
7. I agree that if I incur a charge for a PD Day, Late Notice, Declined Pre-Authorized Debit, or Late Pick-Up, the amount of the charge may be added to the Pre-Authorized Debit (PAD) amount for a scheduled payment following the date of the charge. If I incur any charge in June 2020 after the last scheduled payment has been processed, I permit an additional pre-authorized debit payment to be processed on July 3, 2020 to cover the charges.
8. I agree to waive this pre-notification requirement and allow MAX to adjust my final payment to collect any balance owing in full should the student withdraw from the program.
9. I agree that my financial institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Personal PAD.
10. I agree that delivery of this Agreement to MAX constitutes delivery by me to my financial institution. I agree that MAX may deliver this Agreement to MAX’s financial institution and agree to the disclosure of any personal information that may be contained in this Agreement to such financial institution.
11. I agree to inform MAX, in writing, of any change in the account information provided in this Agreement at least ten (10) days prior to the next due date of the PAD. In event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
12. I acknowledge that my financial institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with MAX.
13. I acknowledge that I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I further acknowledge that to obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
14. I hereby consent to the disclosure of any personal information contained in this Agreement to MAX’s Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.

PLEASE ATTACH A VOID CHEQUE HERE