

Wee Wonder Inc.

**PREAUTHORIZED DEBIT FORM**

**FAMILY ACCOUNT INFORMATION: PLEASE PRINT**

Name:		Phone:
Mailing address:		City:
Prov:	Postal:	Date:

- 1 monthly payment on the 1<sup>st</sup> business day of each month
- 2 monthly payments on the 1<sup>st</sup>/15<sup>th</sup> of each month

**PREAUTHORIZED DEBIT INFORMATION**

Please fill out this section to **CHANGE OR PROVIDE** the banking information for your preauthorized debit for your Wee Wonder Inc. childcare account. The bank account provided must belong to the family parent (guardian) authorizing this form. An authorization signature must be provided below. 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](http://www.cdnpay.ca).

Financial Institution Number (3 digits)	Branch (Transit) Number (5 digits)	Account Number (May be up to 12 digits)
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I, the Bank Account Holder, \_\_\_\_\_, hereby authorize Wee Wonder Inc. to **debit child care payments** from my account at the Financial Institution indicated above. I agree to the terms and conditions established by Wee Wonder Inc. on my registration until notice to the contrary is given by me to Wee Wonder Inc. I understand it is the responsibility of the Family Member to advise Wee Wonder Inc. of any updates and/or changes to this account to avoid nonpayment fees and that Wee Wonder Inc. will advise me with notice of any changes in regular child care fees before withdrawal of amounts for outstanding amounts owing on the account. I understand I have the right to receive reimbursement for any debit that does not comply with this agreement or my registration policy Agreement.

Print name of Bank Account Holder:	Authorization Signature: <b>x</b>
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