

Pre-Authorized Debit Agreement




Authorization

I, _____ (please print), authorize Little Monsters Academy to debit my bank account as outlined in the payment terms of this agreement. Our pre-authorized debits are processed by a registered third-party processor, Rotessa Payments.

Email: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

 Important: Please ensure the details below are written clearly. A void cheque will not suffice.

Amount: _____ Frequency: Monthly Start Date: _____

Installments: _____ Final Date: _____ Authorization Type: Personal

Branch/Transit #: _____ Institution #: _____

Account #: _____

Notification

I agree to waive any legislative or regulatory requirement for pre-notification.


Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this agreement. To obtain more information about your recourse rights, you can visit www.payments.ca.

Cancellation

This pre-authorized debit agreement is to remain in effect until Little Monsters Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain more information on my/our right to cancel this agreement at www.payments.ca.

Signature: _____ Date: _____

 Please sign with ink and return this form to us. Electronic signatures will be rejected.