

Willowglen School

Please complete the Pre-Authorized Debit (PAD) Plan agreement below

I/we authorize Willowglen School and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Willowglen School account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month.

This authority is to remain in effect until Willowglen School 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 at the address provided below. I/we may obtain a cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visited www.cdnpay.ca

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. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

PLEASE PRINT

Date: _____

Name(s): _____ Student: _____

Type of Service: Personal Business

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Authorized Signature(s): _____

ATTACH VOID CHEQUE:

Office Use Only

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number _____ - _____
(branch – 5 digits; FI – 3 digits)

Address: _____

City: _____ Province: _____ Postal Code : _____

Willowglen School
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