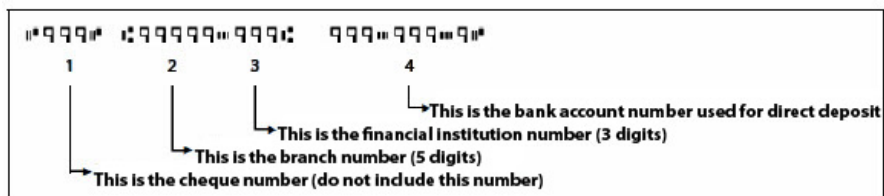




Kingswood Academy Montessori and Early Learning Centre

Automatic Withdrawal Enrolment Form

| | | | |
|--|-------------------------------|--|---|
| Type | New Enrollment | Change in Authorization | Cancellation of Authorization |
| Check One | X | | |
| Client Information | Parent Name 1 | | |
| | Mailing Address/Postal Code | | |
| | City/Province | | |
| | Email | | |
| | Parent Name 2 | | |
| | Mailing Address/Postal Code | | |
| | City/Province | | |
| | Email | | |
| Day Care Assistance? | Yes () No () | Check One (X) | |
| Payment Info * | Name | Monthly | Semi-Monthly (1 st / 15 th of Every Month) |
| Student 1 | | | |
| Student 2 | | | |
| Student 3 | | | |
| Pre-Authorized Debit (PAD) Account Information | | Account # (min 7 digits) | Transit/Branch # (5 digits) |
| | | | |
| | | Financial Institution # (prefilled "0" plus 3 digits) | |
| | | 0 _ _ _ _ | |
| | Account Type (Check One) | Chequing | Savings |
| | | | |
| | PAD Type | Personal | Business |
| | | | |
| | Financial Institution Name | | |
| | Financial Institution Address | | |



Attach Void Cheque or Photocopy

(only for Chequing Accounts)

If this is only a cancellation of your authorization, please sign below to authorize that cancellation. In this authorization, "you" and "your" refer to each holder of the PAD account who signs this form. Other terms have the meaning set out in the pre-authorized payment agreement (on page 2). You authorize us to debit the PAD account for all amounts indicated under Payment Amount (section 2) on the form. You have read, understand and agree to the terms of the Pre-Authorized Agreement which forms part of this Form.

Signature of accountholder

Signature of joint accountholder

Name (Please Print)

Name (Please Print)

Date (Month / Day / Year)

Date (Month / Day / Year)

IMPORTANT

You must include a "VOID" cheque for a chequing account or the top portion of your statement for a Savings Account. Your authorization cannot be processed without it.

**If Joint Account, all authorized signatures are required
Pre-Authorized Payment Agreement**

In this Agreement, "PAD" Means a pre-authorized debit pursuant to this Agreement and "PAD Account" means the account indicated on the Pre-Authorized Payment Form (the "Form") or such other replacement account as indicated by you to us. "Business PAD" Means a PAD drawn for the payment of goods or services related to your business or commercial activity. "Personal PAD" means a PAD drawn for the payment of goods or services related to your personal, household or consumer activity. You acknowledge that this Agreement is being entered into for our benefit and the benefit of any financial institution that holds the PAD Account (the "PAD Institution"), and is being entered into in consideration of the PAD Institution agreeing to process PADs against the PAD Account In accordance with the rules of the Canadian Payments Association. You authorize us to debit the PAD Account for all amounts owed to us from time to time for the payment amount indicated under Payment Amount on the Form.

We may issue the PAD on the first business day of each month. You may cancel this authorization at any time by giving us 30 days prior notice. Such notice may be in writing or may be given orally (if we are able to verify your identity). To obtain a sample cancellation form, or for more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca. This authorization applies only to the method of payment and does not otherwise affect your obligations to us. You acknowledge that this authorization to us constitutes delivery by you to the PAD Institution. You acknowledge that the PAD Institution is not required to verify that each PAD submitted by us has been issued in accordance with this authorization, including, but not limited to, the amount, or that the purpose of payment for which the PAD was submitted has been fulfilled by us as a condition of honoring the PAD. 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, you may contact your financial institution or visit www.cdnpay.ca. You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed the Form and that the information set out on the Form with regard to the PAD Account is accurate and complete. You undertake to notify us in writing of any change in such information at least two (2) weeks prior to the next due date of a PAD.