

Bussing 2019 - 2020

I/We authorize the processing of a PAD through my/our account as detailed below:

Payor Name(s): _____ (Your Full Name as it is on your Bank Account)

Payor Address: _____ City: _____

Province: _____ Payor Postal Code: _____ Payor

Phone: _____

Name of FI: _____ (Customer's Bank, i.e., ABC Bank)

Address of FI: _____ Phone of FI: _____

Payment for:

Bussing Fees: # Children _____ x \$30.00/month = \$_____ - Check the Monthly option in the Frequency section and enter the total monthly amount in the Amount Field below and specify Start and End Dates for monthly bussing payments.

In the event of a returned payment for NSF or other reasons, we will attempt to pull the payment again fifteen (15) days after the first attempt date, along with a \$25.00 fee for the returned payment. If the second attempt to pull the fees is unsuccessful, payment arrangements will need to be made within two (2) weeks or access to bussing or the club may be suspended until payment is made in full. _____

Type of Service: Personal Business

MICR Field Information (Please attach a voided cheque if possible.)

Branch/Transit #					Bank/Inst #			Account #														

Frequency	One-Time	Once a Month
Check 1 only		

Amount:	\$	Start Date:		End Date:	
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I/We understand and agree to the terms and conditions of this Agreement.

Date: _____ Signature: _____

Date: _____ Signature: _____

Authorization to cancel PAD Signature: _____ Date: _____
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Boys and Girls Club of Leduc 102, 4330 Black Gold Drive Leduc, AB, T9E 3C3 780 986-3121 adminassistant@bgcleduc.ca
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