

# Pre-Authorized Payment Plan

Payor's Authorization for PRE-AUTHORIZED DEBITS (PAD) for (1533948 Alberta Corp.) a.k.a. TOPP KIDS Out Of School Clubs and TOPP KIDS Foundation (5124346494)

I/we authorize TOPP KIDS Out Of School Clubs / Foundation and its affiliates and agents 1533948 Alberta Corp.) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin regular recurring and/or one time deductions for payment of all charges arising under my/our TOPP KIDS account(s). Regular payments for the full amount of the TOPP KIDS bill will be debited to my/our specified account on the 1<sup>st</sup> day of each program session. TOPP KIDS registrations will be debited to my/our account in full upon reception of TOPP KIDS. This authority is to remain in effect until signed written notice has been received by TOPP KIDS. Please Note a \$0.15 processing fee for each PAD payment made through ATB Financial.

I may revoke my authorization at any time, subject to providing one month written notice, before the 5th day of the month, regarding any changes for the following month. To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca). Withdraws or change forms can be found at [www.toppkids.com](http://www.toppkids.com).

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.canipay.ca](http://www.canipay.ca)

## Transaction Type

**New Set Up**

**Cancelation**

**Change Of Information**

## Start Date

## Information

### 1) Payor's (Parent/Guardian) Name and Address - please print

I/We warrant and represent that the following information is accurate

Surname	First name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Telephone #
Email Address		
Child's Surname	Child's First Name	Location / School

## Pre Authorized Debit

Please attach a voided cheque or fill out below

Type of Account:  Business  Personal

Name & Address of Account Holder	Cheque Number: 000000
Pay to the order of _____ \$ _____	Date: _____
_____ Dollars	Signature _____
"000" "00000" 000	:0000"0000-0000
Transit No. Institution No.	Account No.

## Preferred Payment Date

NAME OF PAYOR	PAYMENT DATE		% OF PAYMENT (total % of Payments must equal 100%)
	1st of the month	15th of the month	

For split payments between 2 or more payors, please complete additional PAD Forms.

Name of Payor's Financial Institution (the Processing Institution)		
Institution Number	Transit Number	Account Number
City	Postal Code	Address



1) Payee's Name and Address

1533948 Alberta Corp. – Operating as of TOPP KIDS Out Of School Clubs and TOPP KIDS Foundation (5124346494)  
 425 78th Avenue SW, Calgary Alberta  
 T2V 5K5

- 2) I/We acknowledge that the Authorization is provided for the benefit of the **1533948 Alberta Corp.** and **TOPP KIDS Foundation (5124346494)** and the **Processing Institution**.
- 3) I/We hereby authorize the **1533948 Alberta Corp. and TOPP KIDS Foundation (5124346494)** to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: TOPP KIDS Fees
- 4) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
- 5) I/We may revoke the Authorization at any time upon providing written notice to the **1533948 Alberta Corp. or TOPP KIDS Foundation (5124346494)** at least 30 days prior to the next due date of the PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.
- 6) I/We 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.
- 7) Revocation of the Authorization does terminate any contract for goods or services that exists between me/us and the **Payee**. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
- 8) I/We understand that all items returned unpaid, either as Non-Sufficient Fund or Uncollected Funds, will be subject to a \$30.00 returned item fee to be debited from my/our account on re-presentation of the item.
- 9) All Stop Payment orders and items returned unpaid as Account Closed made without the revocation of Authorization, as required under Section 6, will be subject to the immediate repayment of the tuition fee and a \$30.00 returned item fee through alternate means.
- 10) **Payor** consents for **1533948 Alberta Corp. and TOPP KIDS Foundation (5124346494)** to collect, use, retain and disclose **Payor's** personal information for the purpose of collecting accounts remaining unpaid for more than 30 days.
- 11) I/We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.
- 12) The first PAD will occur on the following deposit date (1<sup>st</sup> or 15<sup>th</sup>) of the month care begins.
- 13) I/We understand and accept the terms of participating in this PAD plan:

**Registration Type:**

<b>BEFORE &amp; AFTERSCHOOL CLUBS</b>		<b>DROP IN CARE</b>
<b>FULL TIME</b> (Before & After Care)	<b>PART TIME</b> (Before OR After Care)	<b>PER DAY</b> <small>(Billed on the 15th of the following month)</small>
<b>\$550</b>	<b>\$460</b>	<b>PAY PER USE</b>

                                          

**Payor's Consent - Must be completed.**

Client Signature	Name (Please Print)	Date
Joint Account Holder Signature	Name (Please Print)	Date

**I am a TOPP KIDS, CBE, CTR, or CCSD Employee - Check this box only if you are currently an employee**

All employees must provide proof of employment for the year registering for and attach it to their registration email.

**Alberta Family and Social Services Day Care Subsidy – Complete this section only if you currently have subsidy in place.**

The Alberta Family and Social Services Day Care Subsidy is available to parents who need assistance to help cover the fees for child care. Forms for the subsidy are available at [www.child.gov.ab.ca](http://www.child.gov.ab.ca). Once a subsidy has been granted parents will receive a subsidy approval letter, a copy of which should be emailed to [registrations@toppkids.com](mailto:registrations@toppkids.com) within 2 weeks of registering. All families with subsidies are responsible for the difference between the currently approved subsidy allowance and the cost of their fee for each month registered. Any remaining fees will be charged on the 15<sup>th</sup> of the following month after subsidy amounts are forwarded back to the program. Parents are responsible for paying any remaining fees by the 15<sup>th</sup> of that month. Deposit Policy still applies. It is the parent's responsibility to track and ensure their child reaches the minimum number of hours per month needed for a full subsidy payment as every family may be different.

**I have attached my subsidy acceptance information from the Government Of Alberta to my registration email.**

Family ID Number	Child ID Number	Child's DOB (Date Of Birth)	Amount Approved for (\$)	# Of Minimum Hours
Start Date	Expiry Date			

