## MANOR PARK COMMUNITY COUNCIL PRE-AUTHORIZED DEBITS (PAD) AGREEMENT – 2017/2018

	Office Us	se: Start Date:	End Date:	
Program Name:				
Child(ren)'s Name:			Grade(s):	
1. Customer Information				
Account Holder Name:				
Address:				
City:	Province:	Postal Code:		
Phone:	Email:			
2. Banking Information Account Number:	Chequing:	Branch Transit Number:	heque attached	
Financial Institution's Name:				
Address:				
City:	Province:	Postal Code:		
for regular recurring payments of	IANOR PARK COMMUI or, from time to time, for account on the fifteenth he amount of each one-	one-time payments. Reg (15 <sup>th</sup> ) of every month or t	to debit the bank account identified above gular recurring payments of \$ he next business day. MPCC will provide	
	re about the PAD cancella		writing to MANOR PARK COMMUNITY sample cancellation form, you may contact you	
Signature of Account Holder:		Signature of Joint Acco	ount Holder (if applicable):	
Name:		Name:	(please print)	
Date:		Date:		
	it that is not authorized or	not consistent with this PAD	ment. For example, you have the right to Dagreement. To learn more about your	

## 4. Inquiries

When the form is complete or for any inquiries, our contact information is as follows:

MANOR PARK COMMUNITY COUNCIL (MPCC) 100 Braemar Street, Ottawa, ON K1K 3C9 613-741-4776 mpcc@manorpark.ca