

# The Toronto Waldorf School

## Pre-Authorized Debit Agreement

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

I/we authorize The Toronto Waldorf 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 Toronto Waldorf School account(s). 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. The Toronto Waldorf School will provide written notice of the amount of each regular debit before the first scheduled withdrawal. The Toronto Waldorf School will provide at least 10 days prior written notice for any changes to the regular debit amount. The Toronto Waldorf School will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until The Toronto Waldorf 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 sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

The Toronto Waldorf School may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.cdnpay.ca](http://www.cdnpay.ca)

<b>PLEASE PRINT</b>		<b>DATE:</b> _____
Name (s): _____		
Address: _____		
City/Town: _____	Province: _____	Postal Code: _____
Phone Number: _____ (Bus.)	_____ (Res.)	
Type of Service: Personal		
PLEASE ATTACH A VOID CHEQUE		
Financial Institution (FI): _____		
Account Number: _____	Transit Number: _____ (Branch – 5 digits, FI – 3 digits)	
<b>Authorized Signature(s):</b> _____		

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