## The Apple Tree Preschool's Pre-Authorized Debit Agreement

	Child (ren)s Name(s):			
	Street Address:			
	City:		Province: Postal Code:	
	Telephone Number:		Email address:	
Bank /	Account Information	(Please attac	ch void cheque if possible)	
	Financial Institution #	(3 #s)	Bank Transit #( 5 #s)	
	Bank Account #		(up to 10 #s)	
	Financial Institution:	Name:	Address:	
Pre-Au	uthorized Debit (PAD	) Details		
amount		schedule below.	ool to debit the bank account identified for the agreed up These payments are for daycare services (which can	on
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