

# PROGRAMS PRE-AUTHORIZED DEBIT (PAD) FORM

## How Recurring Payments Work

- By signing the agreement below, you authorize regularly scheduled payments by the method, reason, and amount indicated below. You will be charged the amount indicated below on the **1<sup>st</sup>** business day of the month for Fixed Program Fees only: Community Connect, Out of School & High School Transition.  
NOTE: For other programs like Weekend Respite, Social Nights, BeYou & HIA Summer Camp, we will charge on or around the **15<sup>th</sup>** of the month.
- Non-sufficient funds (NSF) may result in a service charge of \$25 in addition to any late fees incurred and may result in the suspension and/or cancellation of services.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

## Reason For Payment:

NOTE: Program Fees and agreed-upon billing are automatically processed through pre-authorized payments. Extra costs associated with overutilization of contracted hours or property damage are confirmed prior to billing.

Monthly Program Fees – Community Connect, HST, Out of School (OS)

- Amount: **(circle applicable)**
  - \$150 – Community Connect
  - \$100 – HST, OS
- Other amount: \$ \_\_\_\_\_

Program Fees – Weekend Respite, HIA Year-Round, Social Nights, BeYou

- Amount: **(circle applicable)**
  - \$5 – Weekend Respite (under 12) per day
  - \$10 – HIA Year-Round, Weekend Respite (over 13) per day
  - \$150 – Social Nights per session
  - \$300 – Be You per session (unfunded)

Parent Responsibility – Hourly Rates

- Amount: **(circle applicable)**
  - \$5.60/hour – In Home (Level 1 Funded, Single Child)
  - \$22/hour – Adult (Group Support)
  - \$32/hour – Adult (Individual Support)
  - \$18.67/hour – Child (Level 1 Funded)
  - \$24.51/hour – Child (Level 1 Funded- Additional Support)
  - \$32.20/hour – Child (Level 2 Funded)

NEW Participant Intake Fee - \$50.00

Other (Specify) \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

## Payment Method

Direct Debit  Credit Card **(Please indicate which card is preferred if both Debit & Credit cards are provided)**

### Account Details for Direct Debit:

All details are required to be filled out by the cardholder. Please attach a void cheque (see below for sample).

Bank Institution Name: \_\_\_\_\_

Branch Number (5 digits): \_\_\_\_\_

Institution Number (3 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

### Account Details for Credit Card Payment:

All details are required to be filled out by the cardholder.

Card Number (16 digits): \_\_\_\_\_ CVV (3 digits): \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Signature is required, otherwise, this form will not be valid.**

*By signing the above, I authorize AdaptAbilities to take payment for the amount indicated. I understand that this authorization will remain in effect until I cancel in writing. I agree to notify AdaptAbilities in writing of any changes or updates to my account information, or termination of this authorization at least 30 days prior to the next billing date.*

Sample void cheque:



A sample void cheque form with a large red 'VOID' stamp across the center. The form includes fields for FULL NAME, COMPLETE ADDRESS, Date (2022 02 21), Transit Number (01827), Institution Number (003), and Account Number (0123456).

Transit #      Inst. #      Account #