

PROGRAMS PRE-AUTHORIZED DEBIT (PAD) FORM

Recurring Payments Simplified

- 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 **1st** business day of the month for Fixed Program Fees only: Community Connect, Out of School & High School Transition. For other programs like Weekend Respite, Social Nights, BeYou & HIA Summer Camp, Program Fees **are required** upon registration, **prior** to attendance. If the timeline of your registration permits, we will charge on or around the **15th** of the month.

Non-Sufficient Funds (NSF) and Payor Recourse Rights

- Non-sufficient funds (NSF) may result in a service charge of \$25 in addition to any late fees incurred and may result in suspension and/or cancellation of services.
- You as the payor have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.payments.ca.

Please indicate the type of information to be provided: ☐ **Business** ☐ **Personal**

Payor Information:

Parent/Guardian 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.

☒ **NEW** Participant Intake Fee - \$50.00 (mandatory fee)

Program Fees

Program	Fee Type	Amount	Authorize Payment (check all that apply)
HIA Summer Camp (billed June 1 st or after)	Weekly Fee	\$100 / week	<input type="checkbox"/>
HIA Summer Camp (billed June 1 st or after)	Weekly Fee (EOC)	\$50 / week	<input type="checkbox"/>
HIA Summer Camp (billed June 1 st or after)	Cost Share	\$ _____	<input type="checkbox"/>
Community Connect	Monthly Fee <i>(choose one)</i>	\$150 (Full Time) \$120 (Part Time)	<input type="checkbox"/> <input type="checkbox"/>
HST, OS	Monthly Fee	\$100	<input type="checkbox"/>
Community Connect, HST, OS, IH	Other Amount (incl Cost Share)	\$ _____	<input type="checkbox"/>
Weekend Respite (under 12)	Per Session Fee	\$50	<input type="checkbox"/>
Weekend Respite (over 13)	Per Session Fee	\$100	<input type="checkbox"/>
Social Nights	Per Session Fee	\$150	<input type="checkbox"/>
Be You, Social Nights (unfunded)	Per Session Fee	\$300	<input type="checkbox"/>
HIA Year Round	Per Day Fee	\$10	<input type="checkbox"/>

Parent Responsibility – Hourly Rates

Authorize Payment (check all that apply)	Hourly Rate	Description
<input type="checkbox"/>	\$5.60/hour	In Home (Level 1 Funded, Single Child)
<input type="checkbox"/>	\$23.07/hour	Adult (Group Support)
<input type="checkbox"/>	\$18.67/hour	Child (Group Support)
<input type="checkbox"/>	\$24.51/hour	Child (Additional Support)
<input type="checkbox"/>	\$32/hour	Child/Adult (Level 1/Individual Support)
<input type="checkbox"/>	\$35.20/hour	Child (Level 2 – Individual Support)

☐ 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 this PAD Agreement, the Payor authorizes AdaptAbilities to collect the indicated payment and agrees to the cancellation terms outlined below. The Payor may revoke this authorization at any time with 30 calendar days' written notice before the next scheduled billing date. Notice must be submitted via email, mail, or in person to AdaptAbilities' finance department (contact details below). Upon receipt, AdaptAbilities will make best efforts to process the cancellation within the next billing cycle. No PADs will occur more than 30 days after notice unless a new agreement is authorized. Revoking this PAD does not cancel any outstanding obligations. The Payor is responsible for arranging alternative payment methods to keep their account in good standing. For a sample cancellation form or more information about PAD rights, contact your financial institution or visit www.payments.ca.

AdaptAbilities

#300, 3697 Mill Woods Road NW, Edmonton, AB T6K 3L6

T: 780-431-8446 / F: 780-669-5762 / E: finance@adaptabilities.ca

Sample Void Cheque:

FULL NAME

COMPLETE ADDRESS

Date: 2022 02 21

YYYY MM DD

\$

Transit Number: 01827 Institution Number: 003 Account Number: 0123456

Transit # Inst. # Account #