

MCCA Pre-Authorized Debit (PAD) Form

1. To authorize MCCA to withdraw PAD payments directly from your bank account, please complete all sections of the PAD form and send it, together with a copy of a VOID cheque, directly to MCCA at info@mccahouse.org or mail to:

MANITOBA CHILD CARE ASSOCIATION
2-2350 McPhillips Street
Winnipeg, Manitoba, R2V 4J6



2. I agree that Pre-Authorized Debit (PAD) payments can be withdrawn from my account for the following:

Please check the appropriate box(es) and indicate the start date.

- ☐ Quarterly MCCA membership payment (***10th of Jan, April, Jul. Oct***), beginning the month/year of _____.
- ☐ Family and Child Care Provider Group Benefits premium payment (***20th of each month***), beginning the month/year of _____.

3. Provide your MCCA membership number, if you are currently or were previously, an MCCA member _____.

If you have any questions, please contact the Manitoba Child Care Association at 1-204-586-8587.

PAYOR (Please print clearly)

Name of account holder:

Phone Number:

Authorized Signature of Account Holder:

* Please attach a blank cheque marked VOID

Please see reverse for further terms and conditions

Pre-Authorized Debit Authorization Terms & Conditions

In this authorization “I” and “my” refers to the Payor indicated on page 1 of the Pre-Authorized Debit (PAD) Form.

1. I agree to participate in this direct payment plan and I authorize the Manitoba Child Care Association to draw an electronic debit on my account indicated on the reverse at the financial institution branch indicated on the reverse.
2. I may revoke this authorization at any time by delivering a written notice of revocation to Manitoba Child Care Association (with copy to Financial Institution). Notice of revocation will be effective 10 days after receipt by the Manitoba Child Care Association. This authorization applies only to the method of payment. I agree that revocation of this authorization does not terminate any contract that exists between myself and the Manitoba Child Care Association.
3. The Manitoba Child Care Association may revoke this authorization at any time by delivering a written notice of revocation to me. Such notice will be effective 10 days after mailing. The previous payment method (cheque) will then be in effect.
4. I acknowledge that in the absence of a waiver I am, under the Canadian Payments Association Rules, entitled to at least 10 calendar days notice of the amount of a withdrawal and hereby waive the requirement for the giving of such notice.
5. I may claim for reimbursement from my financial institution (with prior notice to the Manitoba Child Care Association for up to 10 business days after it was posted) for the following reasons:
 - This authorization was never provided to the Manitoba Child Care Association
 - The pre-authorized debit was not drawn in accordance with this authorization
 - The authorization was revoked
 - The debit was posted to the wrong account due to invalid or incorrect account information supplied to us
6. I agree that the financial institution is not required to verify that any payment has been drawn, in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any payment.
7. We agree that delivery of the authorization to the Manitoba Child Care Association constitutes delivery by my financial institution. I agree that the Manitoba Child Care Association may deliver this authorization to my financial Institution.
8. I agree that all information provided with respect to my account is accurate and I agree to inform the Manitoba Child Care Association, in writing at the address noted on the reverse, of any change in my account information provided in this authorization, at least 10 business days prior to the next due date for payment.
9. I warrant that all persons whose signatures are required to sign on the account have signed this authorization on the reverse.
10. I understand and agree to the terms and conditions set out above and on the reverse, and I acknowledge receipt of a copy of this authorization.
11. I agree to comply with the Canadian Payments Association Rules, or any other rules or regulations which may affect the services described above, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described above.
12. If you choose Electronic Funds Transfer, you will no longer receive an annual membership renewal notice, and your MCCA membership will be continuous until the day we receive written notice of cancellation from you.

PLEASE COMPLETE SECTIONS ON THE REVERSE SIDE OF THIS AUTHORIZATION

