

Camp 2018 Pre-Authorized Payment Plan (Simcoe Region)

- **Note Terms and Conditions on reverse.**
- **Complete and return the authorization form with necessary attachments to centre supervisor.**
- **Incomplete/incorrect information could delay the provision of child care services.**

CHILD(REN)'S NAME(S) (First, Last)

ACCOUNT HOLDER INFORMATION
 Name(s) (First, Last): _____
 Street Address: _____ Apt./Unit #: _____
 City/Town: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____

PAYMENT SCHEDULE

- Pre-authorized withdrawals are debited from accounts, according to week(s) registered and the following schedule:

*Indicates short weeks containing statutory holidays.

Number of Children	Debit Date: Jul 1		Debit Date: Jul 15		Debit Date: Aug 1		Debit Date: Aug 15		
	Week 1*	Week 2	Week 3	Week 4	Week 5	Week 6*	Week 7	Week 8	Week 9
	Jul 3-6	Jul 9-13	Jul 16-20	Jul 23-27	Jul 30-Aug 3	Aug 7-10	Aug 13-17	Aug 20-24	Aug 27-31
1	\$189	\$222	\$222	\$222	\$222	\$189	\$222	\$222	\$222
2	\$359	\$422	\$422	\$422	\$422	\$359	\$422	\$422	\$422
3	\$529	\$622	\$622	\$622	\$622	\$529	\$622	\$622	\$622
4	\$700	\$821	\$821	\$821	\$821	\$700	\$821	\$821	\$821

If the 1st or 15th fall on a weekend or bank holiday, the account will be debited on the next business day.

ACCOUNT HOLDER AUTHORIZATION

I/We _____, authorize Upper Canada Child Care to debit the authorized account, in the amount of the fees for the program(s) in which I/we have registered my/our child(ren), as outlined in the above schedule. I/We request that the account information be used as referenced on the following:

void cheque provided **OR** current banking information on file

SIGNATURE(S)

I/We acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and I/we have received a copy.

Signature: _____ Date: _____

Signature**: _____ Date: _____

**For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

OFFICE USE ONLY

Deposit Paid: (\$) Child One: Child Two: Child Three: Child Four	Applied to Week #: Child One: Child Two: Child Three: Child Four:	Date on Cheque: Date of Cheque Deposit:	Date of Debit (PAP):
Full Fee <input type="checkbox"/> Fee Assistance <input type="checkbox"/> Daily Rate:			*NOTE: Typically, rate is assigned to the youngest sibling.

TERMS AND CONDITIONS

I/We will provide the centre written notification of any changes to the authorized account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for services contracted with the centre.

My/Our financial institution will treat each debit as if I/we had personally issued written direction authorizing the centre to debit the amount(s) specified to my/our account.

I/We acknowledge that delivery of this authorization to the centre constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.

