

UCCC Camp 2020 Pre-Authorized Payment Plan (Simcoe)

Complete and return to centre supervisor. Incomplete/incorrect information may delay confirmation of space.

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

ACCOUNT HOLDER INFORMATION

Name(s) (First, Last): _____

Address: _____ Apt./Unit: _____

City/Town: _____ Postal Code: _____

FEES

Short Week (includes statutory holiday): \$200

Standard Week : \$235

- **Sibling Discount: 10% discount for each additional child registered per family**
- **Early Bird Discount:** 2019 weekly camp fees will be honoured (\$195.50 per short week, \$230 per standard week less deposit). Deposit must be **debited** by April 1st, 2020. Not applicable to those receiving fee assistance.

PAYMENT SCHEDULE

- The **total** deposit is taken at time of registration on the **next** standard billing cycle (\$50 per week, per child).
- Pre-authorized withdrawals are debited from accounts, according to week(s) registered and the following schedule. Invoices will reflect the total fees to be deducted **minus deposits paid and any discounts**.

*Indicates short weeks containing statutory holidays.

Debited: Jul 1			Debited: Jul 15		Debited: Aug 1		Debited: Aug 15		
Week 1*	Week 2	Week 3	Week 4	Week 5	Week 6*	Week 7	Week 8	Week 9	Week 10
Jun 29 - Jul 3	Jul 6 - Jul 10	Jul 13 - Jul 17	Jul 20 - Jul 24	Jul 27 - Jul 31	Aug 3 - Aug 7	Aug 10 - Aug 14	Aug 17 - Aug 21	Aug 24 - Aug 28	Aug 31 - Sep 4

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

AUTHORIZATION

I/We, the account holder(s) noted above, authorize Upper Canada Child Care to debit my/our account, in the amount of the fees for the weeks in which I/we have registered my/our child(ren), as outlined in the above schedule. I/We request that my/our account be debited according to the information provided on the following:

void cheque
 OR
 current banking information on file

I/We acknowledge that I/we have read and understood all terms and conditions of the pre-authorized payment plan and that I/we will receive a copy of this plan. I/we understand that tax receipts will be issued to the account holder(s).

Signature: _____ Date: _____

Signature** : _____ Date: _____

**For joint accounts, both account holders must sign the authorization.

OFFICE USE ONLY

Total Deposit Paid	Deposit Applied to Each Week	Date of Debit for Deposit (PAP) (MM/DD/YY)		
		Full Fee	Fee Assistance	Daily Rate
Child One: \$	Child One			
Child Two: \$	Child Two			
Child Three: \$	Child Three			
Child Four: \$	Child Four			

TERMS AND CONDITIONS

- The client(s) will provide the centre written notification of any changes to the authorized account information or termination of this authorization at least 14 days prior to the next payment date.
- A signed copy of this document is to be provided to all parties.
- Termination of this authorization does not affect the client(s) obligation to pay for services contracted with the centre.
- Financial institutions will treat each debit as if the client(s) had personally issued written direction authorizing the centre to debit the amount(s) specified from the client(s) account. Delivery of this authorization to the centre constitutes delivery to the client(s) financial institution.
- The client(s) guarantee that all persons whose signatures are required on this account have signed this authorization.