

Upper Canada Child Care Pre-Authorized Payment Plan (Camp 2019)

Complete and return this form with necessary attachments to centre supervisor. Incomplete/incorrect information could delay the confirmation of space.

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

ACCOUNT HOLDER INFORMATION

Name(s) (First, Last): _____

Street Address: _____ Apt./Unit: _____

City/Town: _____ Postal Code: _____

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 any deposit paid.

EARLY BIRD DISCOUNT YES

- If yes, 2018 weekly camp fees will be honoured (\$200 per short week, \$235 per standard week).
- Deposit must be received before April 1st, 2019. Not applicable to those receiving fee assistance.

*Indicates short weeks containing statutory holidays.

Number of Children	Debit Date: Jul 2		Debit Date: Jul 15		Debit Date: Aug 1		Debit Date: Aug 15		
	Week 1* Jul 2-5	Week 2 Jul 8-12	Week 3 Jul 15-19	Week 4 Jul 22-26	Week 5 Jul 29-Aug 2	Week 6* Aug 6-9	Week 7 Aug 12-16	Week 8 Aug 19-23	Week 9 Aug 26-30
1	\$204.00	\$240.00	\$240.00	\$240.00	\$240.00	\$204.00	\$240.00	\$240.00	\$240.00
2	\$387.60	\$456.00	\$456.00	\$456.00	\$456.00	\$387.60	\$456.00	\$456.00	\$456.00
3	\$571.20	\$672.00	\$672.00	\$672.00	\$672.00	\$571.20	\$672.00	\$672.00	\$672.00
4	\$754.80	\$888.00	\$888.00	\$888.00	\$888.00	\$754.80	\$888.00	\$888.00	\$888.00

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 provided **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

Deposit Paid(\$): Child One: Child Two: Child Three: Child Four:	Applied to Week(s): Child One: Child Two: Child Three: Child Four:	Date of Debit for Deposit (PAP): Date of Debit for Camp Fees (PAP):
<input type="checkbox"/> Full Fee	<input type="checkbox"/> Fee Assistance	Daily Rate: _____

NOTE: Typically, a subsidized rate is assigned to the youngest sibling.

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 thirty (30) days prior to the next payment date.

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.

