

## UCCC Camp 2021 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)**

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**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**

**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
Jul 5 - Jul 9	Jul 12 - Jul 16	Jul 19 - Jul 23	Jul 26 - Jul 30	Aug 3 - Aug 6	Aug 9 - Aug 13	Aug 16 - Aug 20	Aug 23 - Aug 27	Aug 30 - Sep 3

**If the 1<sup>st</sup> or 15<sup>th</sup> 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)		
Child One: \$	<input type="checkbox"/> Child One			
Child Two: \$	<input type="checkbox"/> Child Two			
Child Three: \$	<input type="checkbox"/> Child Three			
Child Four: \$	<input type="checkbox"/> Child Four			
		<input type="checkbox"/> Full Fee	<input type="checkbox"/> Fee Assistance	Daily Rate _____

**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.