

## Pre-Authorized Payment Plan

Please complete and return this form with necessary attachments to centre supervisor. Incomplete/incorrect information could delay the registration process.

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

\_\_\_\_\_

### ACCOUNT HOLDER(S) INFORMATION

**NOTE: Income tax receipts are issued to the account holder(s) listed on the cheque or payment authorization form only.**

Name(s) (First, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PAYMENT SCHEDULE

Please choose one payment option:  1<sup>st</sup> of every month\* **OR**  1<sup>st</sup> and 15<sup>th</sup> of every month\*

\*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.

Dates for authorized withdrawals for deposits and child care fees are to be noted by administration in *Office Use Only*.

### ACCOUNT HOLDER(S) AUTHORIZATION

I/We \_\_\_\_\_, authorize Upper Canada Child Care (UCCC) to debit the authorized account, in the amount of the fees for the program(s) in which my/our child(ren) are registering. I/We understand that fees (posted in centre) are subject to change and that I/we will be notified of any fee changes. I/We authorize UCCC to debit the account indicated on the following, which I/we have provided:

Void cheque **OR**  Automatic payment authorization form

I/We have read and understood all the provisions contained in the Terms and Conditions on this form, and I/we have received a copy of the form and the fee schedule.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YY

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

### OFFICE USE ONLY

Deposit \$200 (per family)      \$40 Registration (per family)      Child Care Fees: \_\_\_\_\_

Payment Process Date: \_\_\_\_\_      Payment Process Date: \_\_\_\_\_      First Payment Date: \_\_\_\_\_  
MM/DD/YY      MM/DD/YY      MM/DD/YY

Full Fee       Fee Assistance       Daily Parent Rate: \_\_\_\_\_      Note: In Sandbox, rates are to be assigned according to the terms of the service agreement with the region.

### 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. Delivery of this authorization to the centre constitutes delivery to the client(s)' financial institution. Financial institutions will treat each debit as if the client(s) had personally issued written authorization to the centre to debit the amount(s) specified from the client(s)' account. The client(s) warrant(s) that all persons whose signatures are required on this account have signed this authorization.