



Easy Pay Program ~ Pre –Authorized Debit (PAD) Details

MUST BE COMPLETED AT THE START OF EACH NEW PROGRAM

or ANYTIME A CHANGE TO BILLING IS MADE (i.e. adding a new account or changing payment frequency)

NOTE: This form MUST be completed in full regardless of shared costs to complete the registration process.

Child/children’s Names: _____

Parent’s Name: _____

Address: _____

Telephone Number: (_____) _____

PLEASE CHECK ALL THAT APPLY:

Registration: Part-time Full-time

Program: Daycare Afterschool Early Morning Summer Day Camp

Program Start Date: _____

If your fees are being cost shared with another payer, please provide details:

Social Development (DAP) \$_____/day

Family Protection \$_____/day

Other: _____ \$_____/day

I authorize The Boys and Girls Club of Saint John Inc. to debit my account

Weekly – Payments will be debited on Friday First Payment Date: _____

Bi-Weekly – Payments will be debited on Friday First Payment Date: _____

20th of the Month (*Attention: If the 20th lands on a weekend we will be withdrawing the Friday before*)

Signature

Changes or cancellations: You may revoke your authorization or change your payment plan at any time, in writing to the Finance Director, at least **10 days prior** to the next scheduled debit. _____ (initial)

You have certain recourse rights if any comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information on your recourse rights contact your financial institution or visit www.cdnpay.ca

Choose one method of payment by filling out the required information

Pre-Authorized Debit (PAD)

The treatment of each withdrawal will be the same as if you personally issued a cheque.

Transit # _____ Inst. No. _____ Account No. _____

Attach black void cheque or bank information sheet

PLEASE NOTE: THERE WILL BE A \$25.00 ADMIN CHARGE FOR NSF CHEQUES

 Credit Card #: _____

VIN #: _____ (found on back of card)

Expiry Date: _____

Name of Card: _____

Office Use Only:

First pre-authorized payment date: _____

Parent has paid \$_____ in cash to cover first _____ weeks.