



Summer Day Camp - 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)

This form MUST be completed

Child/children’s Names: _____

Parent’s Name: _____

Address: _____

Telephone Number: (_____) _____

Registration: Part-time Full-time Program Start Date: _____

Weeks attending camp:

June 25 – June 29
 July 2 - 6
 July 9 - 13

July 16 - 20
 July 23 - 27
 July 30 – Aug 3

Aug 6 - Aug 10
 August 13 - 17

Aug 20 - 24
 August 27 - 31

If your fees are being cost shared with another payer, please provide full details and proof of coverage:

- Social Development Sponsorship _____
- Other: _____

I authorize The Boys and Girls Club of Saint John Inc. to debit my account for the amount of \$ _____

- Weekly – Payments will be debited on Friday, Date of first payment _____
- Bi-Weekly – Payments will be debited on Friday, Date of first payment _____

Signature

Changes or cancellations: You may revoke your authorization or change your payment plan at any time, in writing, 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

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.