

**Pre-Authorized Debit
Exact Payment Agreement**

Please attach VOID cheque here

**Pre-Authorized Credit Card
Exact Payment Agreement**

Name: _____

Address: _____

Phone Number: _____

Child Care Program: _____

I/we hereby authorize Child Care Algoma and the financial institution designated below, to debit my bank account on the 12th and 27th of each month (or the next business day) for the exact amount of my invoice for child care services.

These services are for (check one):

Personal Business

This agreement will remain in effect until Child Care Algoma receives notification from me of it's termination in time to allow reasonable opportunity to act on it, or until Child Care Algoma has notified me of termination of this agreement.

You have certain recourse rights if any debit does not 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 agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

Bank Name: _____

Address: _____

**A "VOID" cheque OR
Authorization Form completed by your bank
AND signed by the account holder
must accompany this form**

I hereby consent to the above terms and conditions of the Pre-Authorized Debit Exact Payment Agreement.

Date: _____

Signature: _____

Name: _____

Address: _____

Phone Number: _____

Child Care Program: _____

I/we hereby authorize Child Care Algoma to charge my credit card designated below on the 12th and 27th of each month (or the next business day) for the exact amount of my invoice for child care services. These services are for (check one):

Personal Business

This agreement will remain in effect until Child Care Algoma receives notification from me of it's termination in time to allow reasonable opportunity to act on it, or until Child Care Algoma has notified me of termination of this agreement.

You have certain recourse rights if any debit does not 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 agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

****Please note that we are UNABLE to process pre-authorized payments on a credit/debit card****

Mastercard
 Visa
 American Express

Name on Credit Card: _____

Card # _____

Expiry Date: Month: _____ Year _____

I hereby consent to the above terms and conditions of the Pre-Authorized Credit Card Exact Payment Agreement.

Date: _____

Signature: _____

Completed application can be emailed to ccaparents@outlook.com

Dropped off at
Child Care Algoma
148 Dacey Road
Sault Ste Marie, ON P6A 5J7
or Faxed to
(705) 945-8735

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