

**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 27<sup>th</sup> 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](http://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 27<sup>th</sup> 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](http://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](mailto:ccaparents@outlook.com)

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