Pre-Authorized Debit Exact Payment Agreement

Signature:____

Please attach VOID cheque here

Pre-Authorized Credit Card Exact Payment Agreement

Name:		Name:
Address:		Address:
Phone Number:		Phone Number:
Child Care Program:		Child Care Progra
I/we hereby authorize Child Care Algoma and the financial institution designated below, to debit my bank account on the 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		I/we hereby authoriz charge my credit can 27th of each month (of the exact amount of services. These services. These services. This agreement will
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.		Care Algoma receive termination in time to opportunity to act or has notified me of te
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		You have certain recond comply with this have the right to recodebit that is not auth with this agreement on your recourse rightnancial institution cases and that pre-authorized pays
Bank Name:		Mastercard
Address:		☐ Visa ☐ American Expre
A "VOID" cheque OR Authorization Form <u>completed by your bank</u> AND signed by the account holder <u>must</u> accompany this form	Completed application can be emailed to ccaparents@outlook.com Dropped off at	Name on Credit Ca
☐ I hereby consent to the above terms and conditions of the Pre-Authorized Debit Exact Payment Agreement.	Child Care Algoma 148 Dacey Road Sault Ste Marie, ON P6A 5J7 or Faxed to (705) 945-8735	Expiry Date: Mont I hereby consent conditions of the Pre Exact Payment Agre
Date:	Revised 2019 06 27	Date:

Address:
Phone Number:
Child Care Program:
/we hereby authorize Child Care Algoma to charge my credit card designated below on the 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 apportunity 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: