



**PREAUTHORIZED PAYMENT CONSENT FORM**

**THIS FORM MUST BE RETURNED WITH YOUR REGISTRATION PACKAGE**

Parent's Name: \_\_\_\_\_ Child(ren)'s name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

**1. Returning Families only**

If your banking information remains the same and your void cheque is on file, please initial here \_\_\_\_\_

**2. New Families only**

Please include a void cheque with this form

Please check your child's program(s) accordingly

- Rippleton**
- St. Bonaventure**

\*Part time preschool (two or three days) will be offered only if space allows

- |                  |                                 |                         |                                |
|------------------|---------------------------------|-------------------------|--------------------------------|
| <b>Preschool</b> | <input type="checkbox"/> 5 Days | <b>Extended Day FDK</b> | <input type="checkbox"/> AM/PM |
|                  | <input type="checkbox"/> 3 Days |                         |                                |
|                  | <input type="checkbox"/> 2 Days |                         |                                |

- |                   |                                  |                                  |
|-------------------|----------------------------------|----------------------------------|
| <b>School-age</b> | <input type="checkbox"/> AM/PM   | <input type="checkbox"/> AM only |
|                   | <input type="checkbox"/> AM only | <input type="checkbox"/> PM only |
|                   | <input type="checkbox"/> PM only |                                  |

I (we) authorize Rippleton Roadsters Child Care Program to process a debit in paper, electronic or other form for the school year September 2020-June 2021.

Fixed Amount: \$ \_\_\_\_\_ on my (our) account on the 1<sup>st</sup> day of each month

I (we) will provide a VOID cheque solely for purposes of account/transit verification (new families only).

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the preauthorized payment authorization and that I (we) have received a copy.

I (we) acknowledge that an NSF service charge of \$25.00 will be added to your fees. A second attempt will be made to process your fees and NSF charges within 5 business days after notification.

\_\_\_\_\_  
Parent/Guardian Name      Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Name      Parent/Guardian Signature      Date