Reviewed January 2021

PREAUTHORIZED PAYMENT CONSENT FORM

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

Preschool	☐ 5 Days	**Extended Day FDK**	☐ AM/PM
	☐ 3 Days		
	☐ 2 Days		
			☐ AM only
School-age	☐ AM/PM		☐ PM only
	☐ AM only		
	☐ 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 2021-June 2022.

Fixed Amount: $_____ on my (our) account on the 1st 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