



PREAUTHORIZED PAYMENT CONSENT FORM

Parent's Name: _____ Address: _____ Postal Code _____

Phone# (Home) _____ (Business) _____

Child's Name _____ Date of birth: Day _____ Month _____ Year _____

Child's Name _____ Date of birth: Day _____ Month _____ Year _____

Child's Name _____ Date of birth: Day _____ Month _____ Year _____

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 **D**

Rippleton D St. Bonaventure

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

Preschool D 5 Days D 3 Days D 2 Days	Extended Day FDK D AM/PM D AM only D 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 2023-June 2024.

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