Preauthorized Payment Consent Form

Parent's Name (account holder) _____

Address: _____ Postal code_____ Phone# _____

If you are subsidized, include: Household File number: _____ Daily Rate: _____

Include a new void cheque with this form.

Child(ren's) Information

1. Child's name _____ date of birth; Day_____ Month_____ Year_____ Program _____
2. Child's name _____ date of birth; Day_____ Month_____ Year_____ Program _____
3. Child's name _____ date of birth; Day_____ Month_____ Year_____ Program _____

Program

Rippleton Location

Preschool	Kindergarten	School age
☐ 5 Days	☐ AM/PM	☐ AM/PM
☐ 3 Days	☐ AM only	☐ AM Only
☐ 2 Days		☐ PM Only

St Bonaventure Location

Kindergarten	School-age
☐ AM/PM	☐ AM/PM
☐ AM Only	☐ AM Only
	☐ PM Only

Office use only Monthly Fixed Fee Rates

Child #1. $_____ Child #2. $_____ Child #3. $ _____

I (we) authorize Rippleton Roadsters Childcare Program to process a debit in paper, electronic or other form for the school year September 2025-June 2026.

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

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

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