



To be completed by site supervisor:	
Child Care Site:	
Monthly Payment:	
Payment Start Date:	

**PRE-AUTHORIZED DEBIT AGREEMENT
IMPORTANT! All fields must be completed**

1. CLIENT INFORMATION (Please Print Clearly)

Full Name(s) of Child/Children: 1. _____
 2. _____
 3. _____

Name(s) of Parent(s)/Guardian(s): _____

Home Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone Number: _____ Email Address: _____

2. PAYMENT OPTIONS (Please Select One)

- PRE-AUTHORIZED BANK DEBIT** (You must attach a VOID cheque or bank account statement.)
- CREDIT CARD** (The following information must be completed. *Important: please see #3 in the information section below.*)

Type of Credit Card: ___ Visa ___ Mastercard ___ American Express

Card Number: _____ - _____ - _____ - _____

Expiration Date: (MM/DD) ____/____ Security Code: (3 digits) _____

Name of Card Holder: _____ Billing Postal Code: _____

3. SIGNATURES: (if joint account, both account holders must complete and sign)

I/WE hereby authorize Social Enterprise for Canada to debit the bank account/credit card selected above on the 1st business day of each month. I/WE acknowledge that the monthly amount charged may vary based on actual service provided.

PRINT NAME OF ACCOUNT/CARD HOLDER

PRINT NAME OF ACCOUNT/CARD HOLDER

SIGNATURE

SIGNATURE

DATE: _____

DATE: _____

FOR YOUR INFORMATION:

1. You have the right to revoke this authorization at any time, subject to a minimum of 30 days written notice.
2. 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 recourse rights, please contact your financial institution or visit www.cdnpay.ca.

3. **Credit Card Transactions: A 3% administration fee will be added to your payment.**
4. **A \$10.00 fee will be charged for NSF (non-sufficient funds) transactions.**