



YMCA Before and After School Care Program Pre-Authorized Payment Agreement

School: _____

Account Holder's Information:

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Account Holder's Birth Date: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

I consent to receive emails from the YMCA regarding program and administrative information and other relevant correspondence.

I authorize the YMCA of Saskatoon to send my annual tax receipt via email.

Please list children attending the program:

Plan: _____
Plan: _____
Plan: _____

Monthly Plan - 2017-2018 Monthly Fee:

- | | | | |
|--|-----------|---|-----------|
| <input type="checkbox"/> Full Time (50% or more of program usage) | \$ 235.00 | <input type="checkbox"/> Additional Family Member(s) | \$ 200.00 |
| <input type="checkbox"/> Part Time (49% or less of program usage) | \$ 170.00 | <input type="checkbox"/> Additional Family Member(s) | \$ 150.00 |
| <input type="checkbox"/> Casual Plan (up to 10 sessions per month) | \$ 115.00 | <input type="checkbox"/> Additional Family Member(s) | \$ 105.00 |
| <input type="checkbox"/> Kindergarten | \$ 105.00 | <input type="checkbox"/> Additional Family Member (s) | \$ 90.00 |

Financial Information:

After you receive a confirmation of enrolment email, please call us at 306---652---7515 with your banking or credit card information. You may also stop in at 25---22nd Avenue East to provide the information. For your protection, we will not accept financial information via email or fax. For pre---authorized debits from your bank account, we will require your 3---digit Institution Number, your 5---digit Branch Number, and your Account Number. All of these can be found at the bottom of your personal cheques. For automatic credit card payments, we will require the Name on the Card, the Card Number, and the Expiry Month and Year.

Terms of Agreement:

I hereby authorize the YMCA of Saskatoon to deduct monthly Before and After School Care Fees from my bank/financial institution or credit card as per my financial information given above, on the 5th or the 20th of each month or the first business day thereafter.

Please select your payment date: 5th of the month 20th of the month.

If funds are not available on the first attempt, I hereby authorize the YMCA to include a \$15.00 administration fee for my NSF/ Decline payment if:

- a. no payment arrangement has been made on my/our part
- b. no response has been made on my/our part after warning letters have been sent regarding the NSF/declined payment

Cancellation Policy: I understand that I must give the YMCA of Saskatoon 15 days written notice before my next payment date if my child/ren will no longer be attending the program.

This contract automatically terminates at the end of the school year, and I understand my last payment will be in June, 2018.

Payer Signature: _____

Date: _____