



AGREEMENT FOR DISTRIBUTION OF PAYMENTS BETWEEN PAYEES FORM
All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.

Child's First Name: _____ Child's Last Name: _____ Birth Date: ____/____/____
Centre Attending: _____ Grade: _____

PROGRAM STATUS

Table with 3 columns: AM, PM, BOTH. Header: FULL TIME (5 days per week) Please circle one.

Table with 3 main columns: AM, PM, BOTH. Sub-columns: M, T, W, T, F. Header: PART TIME (minimum of 2, less than 5 days per week) Please circle days.

ENROLLMENT STATUS CHANGE, CANCELLATION POLICY AND PAYMENT NOTIFICATION INFORMATION

A Change of Status form must be submitted for amendments to enrollment or any withdrawals. These will be effective from 2 weeks of the date the form is received in the Child Care office.

Payment is required for all days registered including sick days, vacation, statutory holidays, and snow closures. Any payment that is returned as an NSF will be re-processed by the Bank within 10 business days.

The YMCA of Hamilton/Burlington/Brantford will issue Child Care tax receipts in accordance with CRA regulations.

The YMCA of Hamilton/Burlington/Brantford may disclose account status to other payees or Primary Caregivers in cases where this differs from the person registering the child.

I may revoke my PAD authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until YMCA of Hamilton/Burlington/Brantford has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

I have read and understand the payment plans, cancellation and refund policies.

Payee 1 Signature: _____ Date: _____

Payee 2 Signature: _____ Date: _____

PAYEE 1 - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

Name: _____ Phone Number: _____ % or amount being covered by this parent? _____

Address: _____ Email: _____

(Please indicate your Method of Payment for the Monthly Program Fees)

\$25 REGISTRATION FEE (per family)

(please indicate your Method of Payment for the Registration Fee - non refundable, non tax-receiptable - due at time of registration.)

[] VISA/MasterCard [] Debit

MONTHLY SACC FEES

(please indicate your Method of Payment for the Monthly Program Fees)

Preferred Withdrawal Date: [] 1st of the Month [] 1st and 16th of the Month

PAD (Pre-Authorized Debit: Void Cheque)

Have you attached a VOID Cheque? [] YES

Account Holder Name: _____

Account Holder Signature: _____

By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC program according to the registration information provided, and for any additional services delivered.

Credit Card (VISA/MASTERCARD)

New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services.

Name on Credit Card: _____ Signature of Account Holder: _____

Card Number: _____ Expiry Date: ____/____/____



AGREEMENT FOR DISTRIBUTION OF PAYMENTS BETWEEN PAYEES FORM
All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.

PAYEE 2 - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

Name: _____ Phone Number: _____ % or amount being covered by this parent? _____

Address: _____ Email: _____

(Please indicate your Method of Payment for the Monthly Program Fees)

\$25 REGISTRATION FEE (per family)

(please indicate your Method of Payment for the Registration Fee – non refundable, non tax-receiptable – due at time of registration.)

VISA/MasterCard Debit

MONTHLY SACC FEES

(please indicate your Method of Payment for the Monthly Program Fees)

Preferred Withdrawal Date: 1st of the Month 1st and 16th of the Month

Are you splitting payment between payees? Yes No *If yes, please attach Distribution of Payments Form.*

PAD (Pre-Authorized Debit: Void Cheque)

Have you attached a VOID Cheque? YES

Account Holder Name: _____

Account Holder Signature: _____

By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC program according to the registration information provided, and for any additional services delivered.

Credit Card (VISA/MASTERCARD)

New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services. Please indicate the Credit Card you wish to be debited for YMCA SACC services. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the SACC program according to the registration information provided, and for any additional services delivered.

Name on Credit Card: _____ Signature of Account Holder: _____

Card Number: _____ Expiry Date: ____/____/____