

# VOOSC Payment Authorization Form

1. Complete this form, print and sign
2. Scan and email signed form to [vcaacct@telus.net](mailto:vcaacct@telus.net) **OR**
3. Drop off signed form to the Childcare office

**THIS FORM MUST BE RECEIVED TO COMPLETE YOUR CHILDCARE REGISTRATION**

VOOSC Program:      Out of School      Preschool      Summer Camp

Parent Name (first & last)                      Child(ren) first name(s)                      Membership #

Applying for Government Subsidy:      Yes      No

*I wish to pay my childcare fees by the following method:*

## Credit Card

I authorize the Varsity Community Association to retain and charge my credit card.

Visa \_\_\_\_\_ Expiry \_\_\_\_\_ CVD \_\_\_\_\_

Master Card \_\_\_\_\_ Expiry \_\_\_\_\_ CVD \_\_\_\_\_

American Express \_\_\_\_\_ Expiry \_\_\_\_\_ CVD \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Debit Card

I agree to pay my fees within three business days of my invoice at the VCA office. I understand late fees may apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cheque

I agree to provide monthly postdate cheques to the Childcare Director. I understand that fees apply for any returned cheque.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cash

I agree to pay my fees within three business days of my invoice at the Childcare office. I understand late fees may apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_