

Payment Authorization Form

1. Complete this form, print and sign
2. Scan and email signed form to vcaacct@telus.net OR
3. Drop off signed form to the Childcare office

THIS FORM MUST BE RECEIVED TO COMPLETE YOUR CHILDCARE REGISTRATION

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: _____