

# Payment Authorization Form

1. Complete this form, print and sign
2. Scan and email signed form to [accounts@vcacalgary.com](mailto:accounts@vcacalgary.com) 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) name first & last \_\_\_\_\_

Applying for Government Subsidy: No  Yes  PLEASE PROVIDE COPY OF APPROVAL NOTICE

*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**

**E-trsf(accounts@vcacalgary.com)**

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: \_\_\_\_\_