

Payment Form

Start Date:			Ad	ccount #:	
Account Holder(s)/Pare	ent(s) Name:				
		First		Last	
	Name:				
		First		Last	
Payee's Name (If different	ent from above) _				
,	,	First		Last	
Payee's Telephone Home:	Cell:		Work:		
1 st Member's Name					
First			Legal Last		
2 nd Member's Name:					
First			Legal Last		
Pre-Authorized Payme Chequing Account (attach a	ent Options:	e-authorized b	ank form)		
Account Holder Name:					
Account Holder Name.	First		Last		
Transit#:5 Digits	Branch#:		Account#:		
5 Digits		3 Digits		Minimum 7 Digits	
OR					
Credit Card Holder Name:_		Signature:			
Credit Card Number:			Expiry Date:		
You the Payer (one payee p bank account or charge the					
		1			
1434 Graham Street, Kelowna,	B.C. V1Y 3A8		á	REE TO EXCENSE	







		Account #:	
Account Holder(s)/Paren	it(s) Name:		
AGREEMENTS:	Name:		
card (VISA or Master Card) as lis	sted on the Payment Form. So	are fees from the bank/financial inst eptember fees will be processed on month for the next month's services	the August 25 th .
If funds are not availal later date.	ble when Payment is processe	ed, BGCO may re-attempt to withdra	w the funds at a
If my payment is retureceived for childcare fees within	•	ildcare services may be cancelled if nent.	payment is not
To cancel Care, a Propersonnel before the 14 th of the		be submitted and signed by your c	lub's authorized
	nual increases; however, pare	that BGCO has a current address and ent/guardians will be notified in advadingly.	
requirements with respect to pro you provide will be used to deve keep you informed and up to d	otecting privacy. We do not relelop and deliver services. Persate on the activities of BGCO ortunities to volunteer. We a	ur personal information and adhere nt, sell or trade our mailing lists. The isonal contact and e-mail information including programs, services, specalso use and disclose data, which decompositions and services.	information that n will be used to ial events, open
Consent to share infor Billing Form, do you consent to s	-	er(s)/Parent(s) listed on the New Men ner person(s)?	nber
Name of Person or Persons that y	you wish to have access to you	ur account (Other than Account Hold	ers):
			<u> </u>
**Please note that a custody o	order may direct BGCO staff to	o disclose certain financial or other i	nformation.
Account Holder(s)/Paren	t(s) Signature:	Date:	Mm/dd/yy
• •	2		Mm/dd/yy



