

## Payment Form

Start Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Holder(s)/Parent(s) Name: \_\_\_\_\_  
First Last

Name: \_\_\_\_\_  
First Last

Payee's Name (If different from above) \_\_\_\_\_  
First Last

Payee's Telephone

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

1<sup>st</sup> Member's Name \_\_\_\_\_  
First Legal Last

2<sup>nd</sup> Member's Name: \_\_\_\_\_  
First Legal Last

**AFFORDABLE CHILD CARE BENEFIT (ACCB):** It is your responsibility to provide Okanagan Boys and Girls Clubs (BGCO) with your approved government Benefit Plan. If we do not receive this directly from you then you will be responsible for the full fee. *Please email your benefit plan to your club and they will send it to the Billing Department.*

### Pre-Authorized Payment Options:

Chequing Account (*attach a voided cheque or pre-authorized bank form*)

Account Holder Name: \_\_\_\_\_  
First Last

Transit#: \_\_\_\_\_ Branch#: \_\_\_\_\_ Account#: \_\_\_\_\_  
5 Digits 3 Digits Minimum 7 Digits

**OR**

Credit Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
MM/YY

*You the Payer (one payee per family) authorize Okanagan Boys and Girls Clubs (BGCO) to debit the bank account or charge the Credit Card identified above on the 25<sup>th</sup> of each month for Monthly Program Fees and authorize payment per the terms of the registration for: Additional Care, Full Day Break Care, Pro Day Care, and any additional fees incurred. The amount will be determined by the daily rate for the type of childcare service provided multiplied by the number of days of childcare provided in the corresponding calendar month.*



Account #: \_\_\_\_\_

Account Holder(s)/Parent(s) Name: \_\_\_\_\_

Name: \_\_\_\_\_

**AGREEMENTS:**

\_\_\_\_\_ I hereby authorize BGCO to deduct monthly childcare fees from the bank/financial institution or credit card (VISA or Master Card) as listed on the Payment Form. September fees will be processed on the August 25<sup>th</sup>. Further payments will be processed on the 25<sup>th</sup> of the current month for the next month's services.

\_\_\_\_\_ If funds are not available when Payment is processed, BGCO may re-attempt to withdraw the funds at a later date.

\_\_\_\_\_ If my payment is returned NSF or declined my childcare services may be cancelled if payment is not received for childcare fees within 5 days of the returned payment.

\_\_\_\_\_ To cancel Care, a Program Withdrawal Form must be submitted and signed by your club's authorized personnel before the 14<sup>th</sup> of the month prior to cancellation.

\_\_\_\_\_ It is the responsibility of the parent to ensure that BGCO has a current address and phone number. Childcare fees are subject to annual increases; however, parent/guardians will be notified in advance of any such increases. Any fee increases or changes will be adjusted accordingly.

\_\_\_\_\_ BGCO respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information that you provide will be used to develop and deliver services. Personal contact and e-mail information will be used to keep you informed and up to date on the activities of BGCO, including programs, services, special events, open houses, funding needs and opportunities to volunteer. We also use and disclose data, which does not identify individuals, for statistical purposes to develop and enhance BGCO programs and services.

\_\_\_\_\_ Consent to share information; As the Account Holder(s)/Parent(s) listed on the New Member Billing Form, do you consent to share information with any other person(s)?

Name of Person or Persons that you wish to have access to your account (Other than Account Holders):

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note that a custody order may direct BGCO staff to disclose certain financial or other information.**

Account Holder(s)/Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mm/dd/yy

