



MONTHLY REGISTRATION PLAN FORM 2018-19

Child's First and Last Name:		Payer Name(s): <i>(name on bank account)</i>	
Program: <input type="checkbox"/> Daycare <input type="checkbox"/> Day Home <input type="checkbox"/> Kid's Klub <input type="checkbox"/> Pre-K		Payment Start Date:	
Total Monthly Fees Due: \$ _____	Subsidy: \$ _____	Fees less Subsidy: \$ _____	

Payer Financial Institution/Banking Information

**** PLEASE ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR BANK****

- I authorize the City of Grande Prairie, Dave Barr Community Centre, to debit my / our account for the total monthly fees due noted above on the **first of every month**.
- From time to time, there may be additional charges that are owing over and above the regular monthly withdrawal amount stated above (e.g. late pick up fees, casual childcare fees or amounts not covered by subsidy.) I authorize the City of Grande Prairie, Dave Barr Community Centre, to debit my / our account for additional charges (when owed) to a maximum of \$ _____ per month. This amount will be added to the regular withdrawal amount and withdrawn on the same day.
- The treatment of each payment shall be the same as if I / we had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my / our account.
- Any payments returned by the bank for ANY REASON are subject to a \$40.00 SERVICE CHARGE. If the return item and fee is not cleared up within 7 DAYS it will result in withdrawal from the program(s).
- In the event of a change in my bank account information, it is my responsibility to immediately provide written notification to the Dave Barr Community Centre.
- For an account where more than one person is required to sign cheques, all depositors must sign this application.

Payer Name:

Payer Name:

Payer Signature:

Payer Signature:

Date:

Date: