



YMCA OF HAMILTON/BURLINGTON/BRANTFORD

AGREEMENT FOR DISTRIBUTION OF PAYMENTS BETWEEN PAYEES FORM 2015 2016*All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.*

Child's First Name: _____ Child's Last Name: _____ Birth Date: ____/____/____

Centre Attending: _____ Upcoming Grade: _____

PROGRAM STATUS**FULL TIME**
☐ AM ☐ PM ☐ Both
OR**PART TIME** (minimum of 2 regular scheduled days each week)
☐ Before School ☐ After School ☐ Before & After
 Days Requesting: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
ENROLLMENT STATUS CHANGE, CANCELLATION POLICY AND PAYMENT NOTIFICATION INFORMATION

A Change of Status form must be submitted for amendments to enrollment or any withdrawals. These will be effective from 2 weeks of the date the form is received in the SACC office. Enrollment may be changed at no charge twice per school year. A \$20.00 fee will be charged to your account for each subsequent change. There will be no changes made to enrollment status and payment between August 14, 2015 at 12:00pm through the month of September 2015. Amendments for September must be made by August 15, 2015.

Payment is required for all days registered including sick days, vacation, statutory holidays, and snow closures. Any payment that is returned as an NSF will be re-processed by the Bank within 10 business days. A \$35.00 will apply to all returned payments.

The YMCA of Hamilton/Burlington/Brantford will issue child care tax receipts in accordance with CRA regulations.

The YMCA of Hamilton/Burlington/Brantford may disclose account status to other payees or Primary Caregivers in cases where this differs from the person registering the child. The Distribution of Payment form is only valid when all Distribution of Payment forms are received by the YMCA and totaling the full monthly payment. Failure to complete this would result in the Primary Contact being 100% responsible for all payments.

I may revoke my PAD authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until YMCA of Hamilton/Burlington/Brantford has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

The collection, use and disclosure of personal information is bound by Personal Information Protection and Electronic Documents Act.

I have read and understand the payment plans, cancellation and refund policies.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Non Parental Payee Signature: _____ Date: _____

PARENT 1 - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

Name: _____ Phone Number: _____ Email Address: _____ % or amount being covered by this parent? _____

(Please indicate your Method of Payment for the Monthly Program Fees)

REGISTRATION FEE

(please indicate your Method of Payment for the Registration Fee – non refundable, non tax-receiptable – due at time of registration.)

Registration Fee Total: \$ _____ ☐ Cheque/Cash ☐ VISA/MasterCard ☐ PAD (Pre-authorized Debit; Void Cheque)

Preferred Withdrawal Date: ☐ 1st of the Month ☐ Split between the 1st and 15th of the Month

PAD (Pre-Authorized Debit; Void Cheque)

Have you attached a VOID Cheque? ☐ YES

Account Holder Name: _____

Account Holder Signature: _____

By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC program according to the registration information provided, and for any additional services delivered.

Credit Card (VISA/MASTERCARD)

New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services. Please indicate the Credit Card you wish to be debited for YMCA SACC services. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the SACC program according to the registration information provided, and for any additional services delivered.

Name on Credit Card: _____ Signature of Account Holder: _____

Card Number: _____ Expiry Date: ____/____

Building healthy communities



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AGREEMENT FOR DISTRIBUTION OF PAYMENTS BETWEEN PAYEES FORM 2015 2016*All fields on this form MUST be completed. Incomplete forms will not be processed and will be returned.***PARENT 2 - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES**

Name: _____ Phone Number: _____ Email Address: _____ % or amount being covered by this parent? _____

*(Please indicate your Method of Payment for the Monthly Program Fees)***REGISTRATION FEE***(please indicate your Method of Payment for the Registration Fee – non refundable, non tax-receiptable – due at time of registration.).*Registration Fee Total: \$ _____ ☐ Cheque/Cash ☐ VISA/MasterCard ☐ PAD (Pre-authorized Debit; Void Cheque)Preferred Withdrawal Date: ☐ 1st of the Month ☐ Split between the 1st and 15th of the Month**PAD (Pre-Authorized Debit: Void Cheque)**Have you attached a VOID Cheque? ☐ YES

Account Holder Name: _____

Account Holder Signature: _____

*By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC program according to the registration information provided, and for any additional services delivered.***Credit Card (VISA/MASTERCARD)***New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services. Please indicate the Credit Card you wish to be debited for YMCA SACC services. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the SACC program according to the registration information provided, and for any additional services delivered.*

Name on Credit Card: _____ Signature of Account Holder: _____

Card Number: _____ Expiry Date: _____ / _____

NON PARENTAL PAYEE - METHOD OF PAYMENT FOR REGISTRATION AND MONTHLY FEES

Name: _____ Agency Name and Email (if applicable): _____

Phone Number: _____ % or amount being covered? _____

*(Please indicate your Method of Payment for the Monthly Program Fees)***REGISTRATION FEE***(please indicate your Method of Payment for the Registration Fee – non refundable, non tax-receiptable – due at time of registration.).*Registration Fee Total: \$ _____ ☐ Cheque/Cash ☐ VISA/MasterCard ☐ PAD (Pre-authorized Debit; Void Cheque)Preferred Withdrawal Date: ☐ 1st of the Month ☐ Split between the 1st and 15th of the Month**PAD (Pre-Authorized Debit: Void Cheque)**Have you attached a VOID Cheque? ☐ YES

Account Holder Name: _____

Account Holder Signature: _____

*By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the account identified above for payments to the SACC program according to the registration information provided, and for any additional services delivered.***Credit Card (VISA/MASTERCARD)***New Credit Card processing rules have changed the way the YMCA of Hamilton / Burlington / Brantford stores your account information. Your Credit Card number will only be recorded in our secure banking software while you are using YMCA services. Please indicate the Credit Card you wish to be debited for YMCA SACC services. By signing the above, you authorize the YMCA of Hamilton / Burlington / Brantford to charge the Credit Card identified below for payments to the SACC program according to the registration information provided, and for any additional services delivered.*

Name on Credit Card: _____ Signature of Account Holder: _____

Card Number: _____ Expiry Date: _____ / _____

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