



*A place for your child to grow and for you, peace of mind*

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110 Gordon Drummond Ave.  
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L8J 1P5

**DEBIT PRE-AUTHORIZATION FORM**

Child's Name \_\_\_\_\_

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

Account Holder Name

Address

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

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

Financial Institution

Financial Institution Address

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

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

Financial Information found on your cheque \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Branch Institution Account

I \_\_\_\_\_ authorize Kindertown Child Care Centre to debit the above account in respect to  
Name of account holder

Child care fee's in the amount of \$ \_\_\_\_\_ commencing on \_\_\_\_\_ and continuing BI-WEEKLY.

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

Signature: \_\_\_\_\_

The bank is not required to verify any debits drawn by Kindertown Child Care are in accordance with this authorization or the agreement between the client and Kindertown Child Care Centre.

It is acknowledged that in order to revoke or cancel authorization, the client must provide written notice to Kindertown Child Care. This authorization applies only to the method of payment and cancellation of the authorization does not vacate the Client's debt to Kindertown Child Care.

The client will notify Kindertown Child Care promptly in writing if there is any changes to the client account number provided.

If payment is NSF a charge of \$45.00 will be applied to the account and automatically debited from the account

Date \_\_\_\_\_

Signature \_\_\_\_\_