



Payment Agreement

School Year

Parent Name: _____

Child Name: _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Payment Option # 1 POST-DATED CHEQUES

Please enclose post-dated cheques dated for the period of September-June

Payment Option # 2 PRE-AUTHORIZED PAYMENT

Semi-Monthly 1st \$ _____ & 15th \$ _____ Commencing _____ 200__
Month *Year*

Monthly 1st \$ _____ Commencing _____ 200__
Month *Year*

PLEASE ATTACH VOID CHEQUE

Payment Option # 3 VISA/MASTERCARD

Monthly 1st \$ _____ Commencing _____ 200__
Month *Year*

Check here if you wish to have your monthly fees, including any additional charges for Pro-D Days etc. charged to your account.

Full name of Card Holder: _____

Expiration Date: /
Month *Year*

MasterCard Number 5

VISA Number 4

I hereby authorize Vancouver Island Kids Klub Centre Society through Royal Bank of Canada (*Payment Option #2*) to make the above scheduled debits from my chequing account or Moneris Solution (*Payment Option #3*), to make debits from my credit card on a monthly basis. This authorization is to remain in effect until cancelled in writing, or until the childcare program period ends.

Parent Signature (Account Holder)

Date

Account # _____