



SUMMER CAMP
PRE-AUTHORIZED DEBIT
New and Change of Payment Schedule

Please print clearly.

CHILD (REN) NAME(S): _____

FDK CAMP

SCHOOL AGE CAMP



WEEKS 1 – 5, JUNE 16, 2020 \$ _____

WEEKS 6 – 9, JULY 6, 2020 \$ _____

I currently have PAD on file with YCD Please ensure banking information is current

This is a new PAD request Please enclose void cheque or complete banking information

I authorize York Child Development & Family Services Inc. (YCD) to withdraw funds from the authorized bank account, as provided, for child care services as per my care requirements and in accordance with the current YCD Child Care fee schedule. I agree that I will pay for this purchase in accordance with the issuing bank.

Name: _____ Date: _____

Signed: _____
(please print name to sign)

Office Use only:
Reviewed: _____ Current CC on file for (current program): _____
Registered weeks 1,2,3,4,5,6,7,8,9 (circle) WL weeks 1,2,3,4,5,6,7,8,9 (circle)