



# AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

Student(s) Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Park Play to initiate automatic withdrawals from my bank account at the financial institution named below for payment of Tuition for the Program named below.

Further, I agree not to hold Park Play responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until Park Play receives a written notice of cancellation from me or my financial institution, or until I submit a new Automatic Bank Withdrawal Authorization Form, subject to providing notice of 30 days, or until the end dated listed below. Cancellation rates will not be pro-rated for partial months.

PROGRAM	STUDENT(S) NAME	CARE	TOTAL COST
Park Play Preschool		2 DAY PER WEEK	\$ PER MONTH
	1.		
	2.		

Total amount of \$ \_\_\_\_\_ will be withdrawn from the account listed below on the 1st of each month.

**NSF Fees will apply at a rate of \$45.00 per NSF Payment, to be added to the next payment.**

## BANK ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_ Transit #: \_\_\_\_\_

Financial Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Please attach a voided cheque or Customer Account Information Form from your bank and return this form to:

Park Play • 1300N Courtney St • Regina, SK • S4Y 0C5  
phone: (306) 992-5401 • email: [finance@parkplay.ca](mailto:finance@parkplay.ca)

Signature for Pre-Authorized Bank Payments: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_