



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	FREQUENCY OF CARE			TOTAL COST
		AM ONLY	PM ONLY	BOTH AM & PM	\$ PER MONTH
<input type="checkbox"/> Ecole Elsie Mironuck <input type="checkbox"/> Harbour Landing <input type="checkbox"/> Holy Rosary <input type="checkbox"/> Plainsview <input type="checkbox"/> Rosewood <input type="checkbox"/> St Bernadette <input type="checkbox"/> St Timothy <input type="checkbox"/> St. Kateri Tekakwitha <input type="checkbox"/> St. Nicholas <input type="checkbox"/> Stewart Nicks	1.				
	2.				
	3.				

Total amount of \$ _____ will be withdrawn from the account listed below on the 1st of each month.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

Please attach a voided cheque or Direct Deposit form from your bank and return this form to:

Email: finance@parkplay.ca
Mail: Park Play
7451 Mapleford Blvd
Regina, SK S4Y 0C6

Signature for Pre-Authorized Bank Payments: _____

Start Date: _____ End Date: _____