

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

PAYEE INFORMATION (PLEASE PRINT)

PARENTS' NAMES	
FULL MAILING ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

PLEASE PROVIDE A VOID CHEQUE OR COMPLETE THE BANKING INFORMATION BELOW

VOID CHEQUE ATTACHED ☐

NAME ON BANK ACCOUNT	
INSTITUTION NUMBER	
TRANSIT NUMBER	
ACCOUNT NUMBER	
BRANCH ADDRESS	

CHILDREN INFORMATION:

CHILD NAME	AGE GROUP	MONTHLY FEE / DAILY FEE & DAYS
1.		
2.		
3.		

PREFERRED PAYMENT SCHEDULE (MARK ONE BY "x")

1 ST OF EACH MONTH		1 ST & 15 TH OF EACH MONTH	
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BY SIGNING BELOW, I AM AUTHORIZING LITTLE MIRACLES CHILD CARE & LEARNING CENTRE TO PROCESS A DEBIT ELECTRONICALLY AS INDICATED ABOVE. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS SPECIFIED IN THE LITTLE MIRACLES FAMILY HANDBOOK AND PRE-AUTHORIZE PAYMENT IN ACCORDANCE WITH THESE TERMS. I AGREE TO INFORM LITTLE MIRACLES IF MY BANKING INFORMATION CHANGES. I UNDERSTAND THAT IF MY PAYMENT CHANGES I WILL BE REQUIRED TO COMPLETE A NEW FORM.

SIGNATURE:

DATE: