

VOOSC Payment Authorization Form

1. Complete this form, print and sign. Valid for one year.
2. Scan and email signed form to accounts@vcacalgary.com OR
3. Drop off signed form to the Childcare office.

THIS FORM MUST BE RECEIVED TO COMPLETE YOUR CHILDCARE REGISTRATION

Parent Name (first & last) _____

Child(ren) name first and last _____

Applying for Government Subsidy: No Yes Please provide copy of Approval Notice

Credit Card

I authorize the Varsity Community Association to retain and charge my credit card.

Visa _____ Expiry _____ CVD _____

Master Card _____ Expiry _____ CVD _____

American Express _____ Expiry _____ CVD _____

Signature: _____ Date: _____

E-transfer

I agree to e-transfer on or before the first of each month with valid credit card on file.

Debit Card

I agree to pay on the first of the month at the VCA office with valid credit card on file.

Cheque

I agree to provide postdated cheques dated first of the month with valid credit card on file. I understand fees apply for any returned cheque.

Cash

I agree to pay on the first of the month at the VCA office with valid credit card on file.

Signature: _____ Date: _____

Credit Card # _____ Expiry _____ CVD _____