



<b>STAFF ONLY</b> Date Entered into TimeSavr: _____  Initials: _____
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## First Flights Early Learning Services Preauthorized Debit Agreement Form

Child 1 - Name: \_\_\_\_\_

Program 1: \_\_\_\_\_ Program 2: \_\_\_\_\_

(If child is registered in more than one program)

Child 2 - Name: \_\_\_\_\_

Program: \_\_\_\_\_ Program 2: \_\_\_\_\_

(If child is registered in more than one program)

### **CUSTOMER INFORMATION:**

Account Holders Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Email \_\_\_\_\_ Telephone (day time): (\_\_\_\_) \_\_\_\_\_

Tax Receipts are to be sent to: (Name of Parent/ guardian): \_\_\_\_\_

### **AUTHORIZATION:**

I authorize monthly to be withdrawn from my bank account, to be processed on the first business day of the month, beginning \_\_\_\_/\_\_\_\_/\_\_\_\_.

I confirm that I have read and understand the conditions of payments as set out in the Fee Payment Contract.

**Please Attach VOID Cheque or  
Bank Direct Debit Form here:**