

E-mail forms will **NOT** be accepted to ensure the security of our customers' personal account information.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided in this agreement 3 days prior to the next due date of the Pre-Authorized Payment.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Wave Pre-Notification (10 days): We hereby waive the Payments Canada ruling indicating that we be provided 10 days' notice of the amount that will be withdrawn from our account as the amount and frequency could vary based on our selected preferences.

Cancel Agreement: *You*, the Payer, may revoke your authorization at any time by sending in a written request subject to providing a notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAP agreement, contact your financial institution or visit www.payments.ca

Recourse: *You*, have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAP that is not authorized or is not consistent with the terms of this PAP Agreement. To obtain more information on your recourse rights, *you may* want to contact your financial institution or visit www.payments.ca. You may also contact the Payee's agent who will be processing the payments on their behalf directly at:

**Telecom Options Inc., 625 Marion Street
Winnipeg, MB R2J 0K3
Tel: 1.866.233.6100 Fax: 1.877.842.3534
Email: ccppayments@telecomoptions.com**

By signing this agreement I, _____, agree to allow YMCA of Cambridge or its designated agent to debit my/our bank account or credit card for our YMCA Child Care fees. I understand my monthly fees are directly related to registration and that there will be no reduction of fees due to illness or inclement weather. I understand that child care fees are reviewed on an annual basis and I will be notified 1 month in advance of any fee increase.

I understand and agree that if a payment is returned by my financial institution a second attempt by the bank to recover the funds will be made within 48 hours. If both transactions are returned, this may result in additional fees charged by your bank which will be paid by the parent/payer.

I understand that I must notify the YMCA in writing **1 month** in advance of any permanent schedule changes or cancellation of my child care services.

Signature of Account Holder(s): _____

Name (please print): _____

Date: _____

Privacy Policy – The YMCA of Cambridge is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure a safe environment while members are visiting our centres, for statistical purposes, to inform you about the YMCA program or service in which you are registered, to complete payment transactions and to satisfy regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our website at ymcacambridgekw.ca