

Recurring Automatic Withdrawals Authorization

You authorize regularly scheduled automatic withdrawals from your bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize University Heights Nursery
(Parent's Name) (Merchant's Name)

School Association to charge my bank account indicated below for \$ _____
(Amount \$)

on the first day of each month.

Billing Information

Billing Address _____

City, State, Zip _____

Phone # _____ Email _____

Bank Account Details

Please attach your voided cheque here:

I understand that this authorization will remain in effect for the duration of the school year, unless I cancel it in writing, and I agree to notify UHNSA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I will not dispute these scheduled transactions as long as the transactions correspond to the terms indicated in the registration form.

SIGNATURE _____
(Parent's Signature)

DATE _____