



Richmond Kings Nursery School
933 Summerside Drive
Winnipeg, MB
R3T 4Y1
275-6239

**AUTHORIZATION TO DEBIT FOR MONTHLY FEES
FOR THE 2018-2019 OPERATING SCHOOL YEAR**

I/We, (name) _____ hereby authorize Richmond Kings Nursery School (RKNS) to debit the account detailed below as required for monthly fees payable to RKNS. I/We understand the treatment of each payment shall be the same as if I/we had issued a cheque authorizing the bank to pay RKNS and to debit the amount specified from my account as indicated.

MONTHLY FEES (please check one):

3 year old program, \$90.13/month for each child enrolled
Child(rens) Name: _____

4 year old program, \$135.20/month for each child enrolled
Child(rens) Name: _____

SCHEDULE OF MONTHLY DEBITS WILL BE AS FOLLOWS:

Monday, April 16, 2018 (September's fees)
Monday, October 1, 2018
Thursday, November 1, 2018
Monday, December 3, 2018
Wednesday, January 2, 2019
Friday, February 1, 2019
Friday, March 1, 2019
Monday, April 1, 2019
Wednesday, May 1, 2019

EXTRACURRICULAR FEE

3 & 4 year old program, \$90.00 for each child enrolled
Withdrawn once per child, on June 1, 2018
Child(rens) Name: _____

FUNDS TO BE DEBITED FROM:

Financial Institution: _____
Address: _____
City: _____ Prov: _____
Postal Code: _____ Telephone: _____

Bank ID # _____ Transit # _____
Account # _____ Date: _____
First Authorized Signature: _____
Second Authorized Signature: _____
(if two signatures required)

FOR VERIFICATION PURPOSES PLEASE ATTACH A COPY OF A CHEQUE MARKED "VOID".

PLEASE NOTE: A \$40.00 service charge will be charged for any payments that are returned due to insufficient funds or funds not cleared.

In the event that your banking information changes, RKNS requires five (5) business days written notice to implement the change, otherwise any fees associated with wrong banking information will be charged accordingly.

In the event you wish to submit notice of withdrawal from the program at anytime between September 1, 2018 and April 30, 2019 with less than four weeks written notice, fees for the month following notice will be debited from your account.

Received by RKNS

Date: _____

Initials: _____

