



OFFICE USE

Program Name \_\_\_\_\_

Short Code \_\_\_\_\_

COB \_\_\_\_\_

## Pre-Authorized/Scheduled Payment Form

### Camp and After School Program Only

### Community Services

I want to register for a pre-authorized payment/schedule payment:

Schedule payment withdraw date First day of the month \_\_\_\_\_

Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

I/we hereby authorize the Corporation of the County of Brant, 15 Curtis Ave, Paris ON to debit my/our credit or debit card as listed below:

Card No. \_\_\_\_\_ Expiry: \_\_\_\_\_ Security Code: \_\_\_\_\_

Mastercard       Visa       American Express       Discovery

Debit Mastercard       Debit Visa

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all forms to County of Brant – 15 Curtis Ave N, Paris ON N3L 3W1 (519) 442-1818 ext. 3261 or (866) 850-2066, Fax (519) 442-2162.

Please do not email credit card information – either fax, mail or drop off the form to the above address.

**Notice of Collection – Personal information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 and will be used for the purpose of administering your request. Questions about this collection should be directed to the Supervisor of Information Services. Credit card information is collected within PCI compliance.**