

Client Payment Option Selection Form

Confidential

Client Information

Client Name: _____

Client Address: _____

Client Account #: _____

E-mail: _____

Phone: (_____) _____ - _____

- Pre-Authorized Payments** I hereby permit Community Care City of Kawartha Lakes to charge the payment type stated below for **any current and future services provided**.

Payment Method (Choose one)

- Credit Card Payment (Complete Credit Card Details section below)
- Pre-Authorized Debit (Complete Bank Account Details section below)

Credit Card Details

Cardholder Name: _____

Visa/MasterCard #: _____

Expiry Date (MM/YY): _____ CVV Code: _____

Card Holder Address: _____ Postal Code: _____

If a one time payment please indicate the amount (if recurring leave empty): _____

Please complete the below if you hereby give consent for CCCKL to charge your **Bank Account**.

Bank Account Details (copy of void cheque also required)

Account Holder Name: _____

Bank/Institution Name: _____

Institution Number: _____

Branch Number: _____

Account Number: _____

Clients may be contacted via telephone by CCCKL to confirm credit card information and/or bank account information prior to processing first time payment.

Please return completed form and copy of void cheque (for pre-Authorized Debit Payments) to:

Community Care City of Kawartha Lakes

152 Angeline St North,

Lindsay, ON K9V 4X2

Fax: 705-328-0607

accounting@ccckl.ca

A payment will be processed on the 15th of the month (or the first following business day) for balances owing from the previous month's services. For example, Payment processed on April 15th is for services in March.

Client Signature: _____

Date: _____