

COMMUNITY AND HUMAN SERVICES
Children's Services
 Postal Bag 6300, 228 Church Street
 Belleville, Ontario K8N 5E2



Phone: 613.966.1311
 Fax: 613.966.6086
 Toll Free: 1.800.267.0575

Pre Authorized Payment (ACH) Authorization Form

Type of Request: New Application Change of Information

Section 1: Customer Information

Legal Name		
Address – Street & Unit No.		
City/Town/Village	Province	Postal Code
Contact Person		
Phone Number (including area code & extension)		
Email Address for remittance advice		

Section 2: Banking Information (Please attach a void cheque or bank authorization form as well as completing this section)

Bank Transit (5 digits)	Institution # (3 digits)	Account Number
Name of Financial Institution		
Bank Address – Street & Unit No.		
City/Town/Village	Province	Postal Code
Branch		
Bank Phone Number (including area code & extension)		

Section 3: Authorization

I certify that the information above is true and correct and that I hereby authorize the Corporation of the County of Hastings to electronically withdraw payments from my designated bank account above.

Entering your full name in the Signature field below serves as signing the document.

Last Name	First Name	Phone Number	Signature	Date
Child(s) name				

Please return with the Before and After School Program Registration package or
 Email completed SIGNED form to beforeandafterprograms@hastingscounty.com