



**YMCA - YWCA of  
Guelph**

**CHANGE OF PRE-AUTHORIZED PAYMENT INFORMATION**

Child(ren)'s Name(s): \_\_\_\_\_

Payer's Name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

Payer's Phone #: \_\_\_\_\_ Payer's Email: \_\_\_\_\_

Child Care Centre: \_\_\_\_\_ PAC\* M/C VISA AMEX

Credit Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Payer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach Void cheque if PAC selected

**All changes regarding accounts must be received by the Child Care Administration  
Department prior to the first day of the month.**



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