

Client Payment Option Selection Form

Confidential

Please complete this form selecting your payment options and mail, email, fax or drop off to our Accounting Office:

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 Information

Client Name: _____

Client Address: _____

Client Account #: _____

Client E-mail: _____

Phone: (_____) _____ - _____

Alternative Billing Contact – Fill out if paid by someone other than the client

Payer Name: _____

Payer Address: _____

Payer E-mail: _____

Payer Phone#: _____

Payer Signature: _____

One-time Payment I hereby permit Community Care City of Kawartha Lakes to deduct a **single payment** from the payment type stated below.

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)

Pre-Authorized Debit (Complete Debit Card Details section below)

Credit Card Payment (Complete Credit Card Details section below)

Client Signature: _____

Date: _____

Payment Details Form

Client Information

Client Name: _____
Client Address: _____
Client Account #: _____
E-mail: _____
Phone: (_____) _____ - _____

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

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.

Client Signature: _____

Please return completed form and copy of void cheque to:

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