



Boys & Girls Club
of Saint John

Client Change of Information/Service Form

Child/children's: _____

Parent/Guardian: _____

Phone Number: _____

Address Change

Street Address: _____

City: _____ Postal Code: _____

Notice

2 week notice

Today's Date: _____

Date of last date: _____

Registration Change

Full-time Part-time Early morning Care Transportation (summer)

Start Date: _____

Pre-Authorized Payment Information Change

Pre-Authorized Debit (PAD)

Transit # _____ Inst. No. _____ Account No. _____

Credit Card

Card #: _____ VIN #: _____ (back of card)

Expiry Date: _____ Name of Card: _____

Pre-Authorized Payment Cycle

I would like my pre-authorized payments to begin on _____ (date).

Weekly – Payments will be debited on **Friday** (*not available for Seaside*)

Bi-Weekly – Payments will be debited on **Friday**

Additional Information (other)