Please complete the following information to help us process your post-dated payments:

Number of cheques provided: _____

My first cheque is dated _____

My last cheque is dated _____

My cheques are in the amount of $_____/month

If you are providing cheques that are not in equal installments, please provide a list of dates and amounts below:

Date:	Amount:	Date:	Amount:	Date:	Amount:
Date:	Amount:	Date:	Amount:	Date:	Amount:
Date:	Amount:	Date:	Amount:	Date:	Amount:
Date:	Amount:	Date:	Amount:	Date:	Amount:

Signature:

_____   _____
Parent / Guardian - Name (please print)   Parent / Guardian   - Signature

_____
Date