

ONCE FILLED, PLEASE EMAIL FORM TO: etransfers@childrensbridge.com

 <i>Children's Bridge</i>	E-TRANSFER FORM	221-1400 Clyde Avenue Ottawa • Ontario • K2G 3J2 (613) 226-2112 info@childrensbridge.com www.childrensbridge.com
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Please be advised that any and all information provided in this application shall be for the exclusive and confidential use of *The Children's Bridge*. No information provided herein shall be released, transmitted or transferred in any way to any third party without the applicant's written consent.

DATE: _____

APPLICANT ONE

SURNAME: _____

GIVEN NAME(S): _____

CELL PHONE: _____

EMAIL ADDRESS: _____

APPLICANT TWO (if applicable):

SURNAME: _____

GIVEN NAME(S): _____

CELL PHONE: _____

EMAIL ADDRESS: _____

RESIDENCE:

(Address)

(City)

(Province)

(Postal Code)

(Home Phone Number)

PROGRAM INFORMATION:

ADOPTION PROGRAM: _____

DATE RETAINER SIGNED: _____

FEES BEING PAID

Please Note: Any fees that are subject to HST are noted below with two asterix (**). Tax has been added to these amounts for your reference.

- 1-year Membership Fee ** ($\$50 + \$6.50 = \$56.50$)
- 3-year Membership Fee ** ($\$130 + \$16.90 = \$146.90$)

**TOTAL AMOUNT BEING PAID VIA E-TRANSFER:
SECURITY QUESTION & ANSWER:**

FOR STAFF USE ONLY

Date transfer accepted:

Accepted by staff member (name):

Confirmation Code #: