



Quick Pay AM/PM

Site: _____

Parents Name: _____ Day time # _____

Childs Name: _____ Home Phone #: _____

Please check one of the following

I would like to start using Quick Pay. Make _____ the first time my card will be charged.

Date

_____ EXP _____

Credit Card Number

I would like to stop using Quick Pay. Make _____ the last time my card will be charged

Date

Change the credit card I am using. Please start using card #

_____ EXP _____

My child will be out starting _____ and return _____

Date

Date

Please change my weekly payment amount to \$ _____

My child's new schedule will be the following, starting _____

Date

AM M T W TH F

FULL TIME PM M T W TH F

AM & PM M T W TH F

K-2 PM 1ST HOUR ONLY M T W TH F

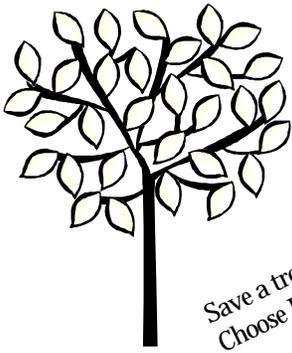
AM & K-2 1ST HR PM ONLY M T W TH F

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transaction is declined and payment is not made by the due date, penalties will be applied and will not be waived. I further understand that the staff reserves the right to cancel my "Quick Pay" account due to delinquency.

I understand that a request to discontinue or change this service must be made in writing 1 week prior to the stop date, and given to the Site leader or the Community Services office at 8401 W. Monroe Rm 180, Peoria, AZ 85345.

Parent/Guardian Signature

Date



Electronic Funds Transfer



In effort to make payments more convenient, we are now offering an Electronic Transfer option. Provide us with a voided check, complete the following information and each FRIDAY we will automatically deduct your childcare payment from your checking account.

Child's Name: _____ School Name: _____

Parent's Name: _____

Home Phone #: _____ Alternate Phone #: _____

Amount to be Deducted Weekly:\$ _____ Date of First Deduction: _____

You are hereby authorized and requested, until otherwise instructed, to deduct from the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if the transfer is unsuccessful, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transfer is unsuccessful, "Return Check Fees" will apply. I further understand that the staff reserves the right to cancel my "Electronic Funds Transfer" program.

I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 8401 W. Monroe Rm 180, Peoria, AZ 85345.

Signature

Date

Place voided check here