



Quick Pay/EFT AM/PM Change Form

Site: _____

Childs Name: _____ Home Phone # _____

Parents Name: _____ Day Time Phone #: _____

All schedule changes need to be submitted the Thursday prior to the week of the change.

I would like to stop using Quick Pay/EFT. Make _____ the last deduction.
Date

Change the Checking account that I am using.
(Must attach a voided check)

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 _____

**Yes ___ No ___ (Please check one) I authorize to charge my card
for any additional fees, ie: additional days attended, special lunches,
early release fees, late pick up charge, etc. _____ (initials) Date

New Schedule

AM	M	T	W	TH	F	\$6 a day
PM	M	T	W	TH	F	\$9 a day
AM/PM	M	T	W	TH	F	\$14 a day or \$56 for 5 days

You are hereby authorized and requested, until otherwise instructed, to charge/deduct from the above referenced account, the weekly attendance fee. I understand that if a CREDIT CARD 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/unsuccessful and payment is not made by the due date, penalties will be applied and will not be waived. For EFT participants this will include a "Return Check Fee". I further understand that the staff reserves the right to cancel my "Quick Pay"/EFT" account. 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 9875 N. 85th Ave, Peoria, AZ 85345.

Parent/Guardian Signature

Date