



Quick Pay/EFT Summer Camp Change Form

Site: _____

Parents Name: _____ Day time # _____

Childs Name: _____ Home Phone #: _____

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

*Example: Changes for the week of June 15th will need to
be submitted no later than June 11th.*

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

Date

Change the Checking account that I am using.

(Must attach new 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 _____

Date

Attending

M T W TH F

\$24 per a day or \$98 a week

You are hereby authorized and requested, until otherwise instructed, to charge/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 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