



Quick Pay



Pay your weekly childcare fees automatically every Monday with your Debit or Credit Card without having to call each week. This is a Free service. Complete the following information to become enrolled in our Quick Pay program today.

Child's Name: _____

Parent's Name: _____

E-mail Address: _____

School Name: _____

Home Phone Number: _____

Alternate Phone Number: _____

Amount to be Charged Weekly: \$ _____

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

Date of First Charge: _____

Card Number: _____

Expiration Date of Card: _____

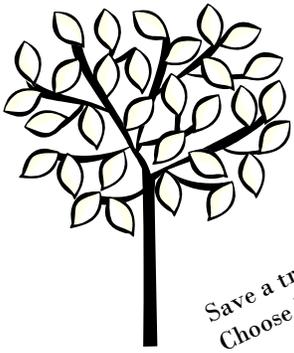
Billing Zip Code: _____

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee. 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" 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 9875 N. 85th Ave, Peoria, AZ 85345.

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 Monday 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: _____

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

You are hereby authorized and requested, until otherwise instructed, to deduct from the above referenced account, the weekly attendance fee . 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 9875 N. 85th Ave, Peoria, AZ 85345.

Signature

Date

Place voided check here