



CVUSD Child Care
 2801 Atlas Avenue Thousand Oaks CA 91360
 Phone 805-492-3567 Fax 805-492-2302
 Email cvusdccc@conejouisd.org
 Tax ID # 95-286-8899

Credit/Debit Card & ACH Authorization

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, credit/debit account listed below and transfer it to Conejo Valley USD Child Care. Payments must be received in the Child Care office by the 1st of each month.

2020 – 2021

CHILD NAME _____ Gr _____

CENTER _____ 1 2 3 4

Credit/Debit Card Payment	
<input type="checkbox"/>	Credit/Debit Card Charge
_____	Visa _____ MasterCard
_____ - _____ - _____ - _____	
(Credit Card Number)	
_____	_____
(Exp. – month/year 00/00)	CVV

Bank Draft (ACH) Payment (Voided check must be attached)	
<input type="checkbox"/>	Checking Account Transfer

I agree to pay Child Care Tuition as follows:

- Application Fee** _____ \$ _____
(school year)
- One Month Only** _____ \$ _____
(specify month)
- Month to Month** _____ \$ _____
(month to begin auto-billing)

I understand that I assume full responsibility of my payments and I will notify you if at any time I decide to make any changes, discontinue this service, or change or close my checking, credit/debit card account. Any updates in account information must be received by the 1st of month.

Name _____
(as printed on credit card)

Address _____
(linked with billing statement)

City _____ State _____ Zip _____

Phone _____ cell work home

Signature _____

Date _____

Staff Initials: _____