



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 Card Authorization

I hereby authorize my financial institution to make periodic payments on my behalf from the credit/debit account listed below and transfer it to Conejo Valley USD Child Care. Payments must be received in the Child Care office no later than the 10th of each month to avoid a \$30 late fee.

CHILD NAME _____ Gr _____
 CENTER _____ 1 2 3

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

I agree to pay child care tuition as follows:

- Month to month beginning _____ \$ _____
(auto-billed each month) (specify month)
- One month only _____ \$ _____
(specify month)
 (___ includes \$30 late fee)
- Registration Fee _____ \$ _____
(school year)

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 credit/debit card. Any updates in credit/debit card information must be received by the 10th of the month to avoid a \$30 late fee.

Name _____
(as printed on credit card)

Address _____
(linked with billing statement)

City _____ State _____ Zip _____

Signature _____

Phone _____ cell wk hm

Date _____ Staff Initials _____

Notes: