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

# Credit/Debit 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.

## 2021 WEEKLY SUMMER CAMP

**CHILD NAME** _____Gr_____

### Credit/Debit Card Payment

☐ **Credit/Debit Card Charge**

_____ Visa _____ MasterCard

_____ - _____ - _____ - _____
(Credit Card Number)

_____ _____
(Exp – month/year 00/00) CVV

### Bank Draft (ACH) Payment (Voided check must be attached)

☐ **Checking Account Transfer**

☐ Processing Fee $20 per week, per child **$** _____

**#1** – 6/14 **#3** – 6/28 **#5** – 7/12 **#7** – 7/26
**#2** – 6/21 **#4** – 7/6 **#6** – 7/19 **#8** – 8/2

**I agree to pay Summer Camp tuition ($200/wk) as follows:**

☐ **Week 1** June 8 **$** _____

☐ **Week 2** June 15 **$** _____

☐ **Week 3** June 22 **$** _____

☐ **Week 4** June 29 **$** _____

☐ **Week 5** July 6 **$** _____

☐ **Week 6** July 13 **$** _____

☐ **Week 7** July 20 **$** _____

☐ **Week 8** July 27 **$** _____

**TOTAL ON CARD (incl proc fees)** **$** _____

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 account. Any updates in credit card information must be received by the above tuition due dates to maintain summer camp enrollment.

Name _____
(as printed on credit card)

Address _____

City _____ State _____ Zip _____

Phone _____ cell wk hm

Signature _____

Staff Initials: _____ Date _____

*Earths / Madroña / Lang Ranch / Sycamore Canyon*