



CVUSD Child Care
 2801 Atlas Avenue Thousand Oaks CA 91360
 Phone 805-492-3567 Fax 805-492-2302
 Email cvusdccc@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.

2018 MADRONA WEEKLY SUMMER CAMP

CHILD NAME _____ Gr _____

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

- Processing Fee \$20 per week, per child \$ _____
- | | | |
|-----------|-----------|-----------|
| #1 – 6/11 | #4 – 7/2 | #7 – 7/23 |
| #2 – 6/18 | #5 – 7/9 | #8 – 7/30 |
| #3 – 6/25 | #6 – 7/16 | #9 – 8/6 |

I agree to pay Summer Camp tuition as follows:

- Weeks 1-3** May 21 \$ _____
- Weeks 4-6** June 18 \$ _____
- Weeks 7-9** July 6 \$ _____
- or
- All weeks, in full (no discount)** \$ _____

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 Date _____

Signature _____

Staff Init _____

**USE THIS EFT FORM
 FOR
 MADRONA
 WEEK-TO-WEEK
 CAMP ONLY**