



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.

2020 MADRONA WEEKLY SUMMER CAMP

CHILD NAME _____ Gr _____

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

- Processing Fee \$20 per week, per child \$ _____
- | | | |
|-----------|-----------|-----------|
| #1 – 6/15 | #3 – 6/29 | #6 – 7/20 |
| #2 – 6/22 | #4 – 7/6 | #7 – 7/27 |
| | #5 – 7/13 | #8 – 8/3 |

I agree to pay Summer Camp tuition as follows:

- Weeks 1-2** May 18 \$ _____
- Weeks 3-5** June 8 \$ _____
- Weeks 6-8** July 8 \$ _____
- 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 _____