



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



C

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.

2019 SUMMER CAMP – SESSION

CHILD NAME _____ Gr _____

SUMMER CAMP LOCATION _____

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

Processing Fee \$50 per session, per child \$ _____
 Enrolling for: Session #1 – 6/10 #2 – 7/1 #3 – 7/22

I agree to pay Summer Camp tuition as follows:

- Session #1 - May 20 \$ _____
 - Session #2 - June 17 \$ _____
 - Session #3 – July 5 \$ _____
- or
- All sessions, 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
 EARTHS
 LANG RANCH
 SYCAMORE
 SESSION
 CAMP ONLY**