



CVUSD Child Care
 2801 Atlas Avenue Thousand Oaks CA 91360
 Phone 805-492-3567 Fax 805-492-2302
 Email cvusdcc@conejouisd.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 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 – 6/29 #4 – 7/20
 #2 – 7/6 #5 – 7/27
 #3 – 7/13 #6 – 8/3

I agree to pay Summer Camp tuition (\$193/wk) as follows:

- Week 1** June 23 \$ _____
- Week 2** June 30 \$ _____
- Week 3** July 7 \$ _____
- Week 4** July 14 \$ _____
- Week 5** July 21 \$ _____
- Week 6** July 28 \$ _____

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 _____