



31st District PTSA Creative Kids Payment Agreement and Authorization Form

Creative Kids Site Location: _____

Name of Child/Children: _____

Name Of Card Holder: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

If your Billing Address is different from your home address please put your billing address here:

Billing Address: _____

City: _____ Zipcode: _____

Payments will be deducted from my account:

Friday at 11:59p.m. of each week (weekly payment)

Friday at 11:59p.m. of every two (2) weeks (bi-weekly payment)

Name as it appears on the card: _____ Visa Mastercard

Account #: _____ Exp. Date: _____ V.Code _____
(16 Digit Card Number)

I hereby authorize 31st District PTSA Creative Kids to initiate debit/credit entries from my account below and the financial institution listed below. I acknowledge that ACH transactions from my account must comply with the provisions of U.S. Law.

Parent Signature: _____ Date: _____

Please Note:

- * Adjustments to this authorization form **must be done in writing**. We will not accept any information over the phone.
- * All Credit Card Forms **must be returned to the Site Supervisor in a Sealed Envelope** (which is provided at the site).
- * If your card is returned for **Insufficient Funds you will be charged a \$25 NSF Fee**
- * If your credit card is returned to us for any reason you have a **2 day period to notify us of a new form of payment or we will not accept your child.**
- * If your credit card is returned **more than twice in a 30 day period**, we will no longer accept payment with that card for a minimum 2 month period.

Office Use Only

Rcrgng Pmnt# _____

Regular Rate: _____

Vacation Rate: _____

31st District PTSA – Creative Kids

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31st District PTSA Creative Kids keeps card holders information secure and is in compliance with PCI Security Standards.