

ICC Child Care Center Payment Plan

Please Print or Type

Pay By Electronic Check (ACH)

Type	ABA Routing Number	Account Number
Savings		
Checking		

OR

Pay By Credit Card

Type	Card Number	Expiration	Security Code
Discover			
Mastercard			
Visa			

Name & Address

INFORMATION MUST BE THE SAME AS ON YOUR CARD OR ACCOUNT

Name(s)	
Street Address	
City, State, Zip	
Telephone	
E-Mail for Receipts	

Payment Amount

✓ PLEASE CHOOSE THE PAYMENT OPTION YOU WOULD LIKE

<input checked="" type="checkbox"/>	Full Amount		Will be charged at the end of the first week of care.
<input type="checkbox"/>	Monthly		Will be charged on the last day of the month (5 months)
<input type="checkbox"/>	Weekly		Will be charged each Friday (16 or 19 payments)

Authorization

Signature of Card or Account Holder	
Date	

Disclaimer any return payment item will be subject to a \$20 processing fee.*

Office use only

Entered By		Date Entered		Order Number		Start Date		Ending Date	
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