

Hand In Hand: Payment Plan

Child's Name: _____

I, _____ agree to submit payment for my child/children's childcare expenses in accordance to my current contract. You may make payments on your own or be enrolled in our auto-payment plan. Please note, if paying in cash, we may not have change available.

Pay on my own via Cash, Check, Debit/Credit, Money Order

Payment due in full by the end of each month

Auto-payment via Credit/Debit card only

Please Process my Payment:

- Weekly – Monday
- Weekly – Friday
- Monthly – First Business Day
- Monthly – 15th/Mid-Month
- Monthly – Last Business Day of the Month

Credit/Debit Card:

- VISA
- Master Card
- Discover
- American Express

Card Holder's Name: _____ Billing Zip Code: _____

Home Address: _____ Phone Number: _____

Card Number: _____ Exp. Date: _____

Card Holder's Signature: _____

County Assistance – If you are approved for county assistance please initial here _____

Even with county assistance approval, I am responsible for the balance of my bill and the balance needs to be paid in full by the end of the each month.

*I authorize Hand In Hand to keep my signature on file and process the above listed credit/debit card with the selected billing account charges.

- I will be notified if my card is declined and will have 3 business days to provide new card info and payment. If payment is not received, a double payment will be processed on the next payment date. I will be charged a NSF fee and care may be suspended if payment is not received.

I understand that these arrangements can change with written notice at any time.

I understand that payments may change due to vacation credits, changes in schedule, change in contract, holiday credit and/or county authorization when applicable.

I understand that my account needs to be paid in full by the end of the month. If payments are not received by the end of the month, my account will be charged a late payment fee and care would be suspended.

Parent/Guardian Signature: _____ Date: _____