



CREATIVE KIDS CLUB ORGANIZATION

90 South Commerce Way, Suite 480
Bethlehem, PA 18017-8618

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www.creativekidsclub.com

Electronic Tuition Payment Authorization Form

Date: _____

Child(ren)'s Name(s) & Program Area(s): 	Custodial Parent or Guardian: Name: _____
	Telephone Number: _____
	Cell Phone Number: _____
	E-mail: _____

Payment Frequency:

<input type="checkbox"/> - Registration & Deposit	<input type="checkbox"/> - Quarterly /Checking/5%	<input type="checkbox"/> - Quarterly /Credit Card/2%
<input type="checkbox"/> - Weekly	<input type="checkbox"/> - Semi-Annually/Checking/8%	<input type="checkbox"/> - Semi-Annually/Credit Card/5%
<input type="checkbox"/> - Bi-weekly	<input type="checkbox"/> - Annually/Checking/12%	<input type="checkbox"/> - Annually/Credit Card/9%
<input type="checkbox"/> - Monthly		

Date of First Withdrawal - _____ Amount of First Withdrawal - _____

Payment Allocation:

Charge/Credit/Debit Card Payment Option		Allocation Percentage
<input type="checkbox"/> MasterCard	Card Numbers (MasterCard/VISA/Discover) _____ CVV2 _____	
<input type="checkbox"/> VISA	Card Number (American Express) _____ CVV2 _____	
<input type="checkbox"/> Discover		
<input type="checkbox"/> American Express		<input type="checkbox"/> 100%
		<input type="checkbox"/> 75%
		<input type="checkbox"/> 50%
		<input type="checkbox"/> 25%

Card Expiration Date: _____ - 20____ Statement Zip Code _____

Card Holder's Name (as it appears on card): _____

Card Holder's Signature: _____

Please attach photocopy of card!

Charge/Credit/Debit Card Payment Option

<input type="checkbox"/> MasterCard	Card Numbers (MasterCard/VISA/Discover) _____ CVV2 _____	Allocation Percentage
<input type="checkbox"/> VISA	Card Number (American Express) _____ CVV2 _____	
<input type="checkbox"/> Discover		
<input type="checkbox"/> American Express		
		<input type="checkbox"/> 100%
		<input type="checkbox"/> 75%
		<input type="checkbox"/> 50%
		<input type="checkbox"/> 25%

Card Expiration Date: _____ - 20____ Statement Zip Code _____

Card Holder's Name (as it appears on card): _____

Card Holder's Signature: _____

Please attach photocopy of card!

PLEASE SEE OTHER SIDE FOR CHECKING ACCOUNT AUTHORIZATION AND INSTRUCTIONS!

Electronic Tuition Payment Authorization Form

Payment Allocation (continued):

Checking Account Option:

Name(s) on Checking Account - _____

Bank Name: _____

Bank Account #: _____

Bank 9-digit ABA Transit Routing #:

Checking Account Holder's Signature: _____

Allocation Percentage

<input type="checkbox"/>	100%
<input type="checkbox"/>	75%
<input type="checkbox"/>	50%
<input type="checkbox"/>	25%

Please attach a voided check

Checking Account Option:

Name(s) on Checking Account - _____

Bank Name: _____

Bank Account #: _____

Bank 9-digit ABA Transit Routing #:

Checking Account Holder's Signature: _____

Allocation Percentage

<input type="checkbox"/>	100%
<input type="checkbox"/>	75%
<input type="checkbox"/>	50%
<input type="checkbox"/>	25%

Please attach a voided check

Instructions for completing the Electronic Tuition Payment Authorization Form

1. Place a check () mark in the box next to the location where your child(ren) attend Creative Kids Club.
2. Indicate the date that you are completing the form in the space provided.
3. Indicate each child's name & program area.
4. Indicate the name, home telephone number, cell phone, and email of the parent or guardian with primary custody.
5. Indicate the frequency which you would like to pay the child(ren)'s tuition. Remember there are discount for tuition paid quarter, semi-annually, or annually in advance.
6. Indicate how you would like to allocate your method of payment. A family may choose up to two types of cards and two different checking accounts to pay tuition. Please note that a different form must be used for each card holder or checking account holder to maintain the confidentiality of each individual's financial information. For example, if four different parties are contributing to the tuition payment, then four different "Electronic Tuition Payment Authorization Form" must be completed. CKC's Accounting Department will verify that the contribution of all parties total 100%.
7. A family is limited to a maximum of four allocations - in any combination: four charge/credit/debit cards; four different checking accounts; two charge/credit/debit cards and two different checking accounts; or one charge/credit/debit card and three different checking accounts.
8. Allocation is limited to four choices: 100%, 75%, 50%, or 25%. At the present time we are unable to offer any other combination.
9. Each card holder and/or checking account holder that are part of the transaction must sign the form.
10. A copy of the charge/credit/debit card or voided check involved in the transaction must be attached to this form.