



31st District PTSA Creative Kids Payment Agreement and Authorization Form

Creative Kids Site Location: _____

I (we) hereby authorize 31st District PTSA Creative Kids to initiate debit/credit entries from/to my (our) account below at the financial institution named below. I (we) acknowledge indicated of ACH transactions from/to my (our) account must comply with the provisions of U.S. law.

Name of Child/Children: _____

Name of Mother: _____	Name of Father: _____
Home Address: _____	Home Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Home Phone #: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____

This authorization is to remain in full force and effect until 31st District PTSA Creative Kids has received written notification from me (us) within 15 days prior to the termination date.

Payment are to be made on: Monday of each week (weekly payment)
 Monday of every two (2) weeks (bi-weekly payment)

Name as it appears on the card: _____

Account #: _____ Exp. Date: _____ V Code: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

NOTE: Adjustments to this authorization must be in writing

OFFICE USE ONLY:

PTA

everychild.one voice.®

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