**Temple Emanuel Early Childhood Development Center (TE-ECDC) 2018-19**

**Please use this form if you choose to make payments by credit card or automatic debit.**

**Payments may also be made by cash, check or on line.**

**Parent Name:** Click here to enter text. **Child’s Name/s:** Click here to enter text.

**Payment Option-Credit Card**

Choose an item.

Fees for extended care, lunch and Let’s Explore may be included in automatic payments? Choose an item.

**Credit Card Authorization**

I (we) authorize Temple Emanuel of South Hills to initiate credit card charges to the below referenced credit card account.

Choose an item.

**Cardholder Name:** Click here to enter text.

**Account Number:** Click here to enter text.

**Expiration Date:** Click here to enter text. **Security Code:** Click here to enter text.

**Cardholder Signature:** Click here to enter text. **Date:** Click here to enter a date.

**Payment Option-ACH Direct Debit**

Choose an item.

Fees for extended care, lunch and Let’s Explore may be included in automatic payments? Choose an item.

**ACH Direct Debit Authorization**

I (we) authorize Temple Emanuel to initiate debit entries to my (our) Choose an item. on the 1st business day of the 1st business day of the month. Please attach a voided check.

**Account Holder Name:** Click here to enter text.

**Bank Name:** Click here to enter text.

**Bank’s Transit Routing #:** Click here to enter text.

**Bank Account #:** Click here to enter text.

**Account Holder’s Signature:** Click here to enter text. **Date:** Click here to enter a date.