



Dear Shine On Daycare Parents\Guardians:

Beginning on July 1, 2019 we will offer electronic tuition payment. Shine On will offer an option for **CREDIT CARD PAYMENT** as well as an option for **DIRECT WITHDRAWAL** from a checking or savings account. The Credit Card Payment will be available for MasterCard, Visa, Discover or American Express as well as PayPal. Payment dates and frequency will be set by you so long as the date selected is on or prior to your due date. Please fill out the appropriate section and return to Brooke or Tom Knudsen **no later than 6/15/19**. Due to the sensitive information on this form, these individuals are the only employees authorized to accept this form.

Parents may choose the credit card option by filing in the second page of this letter and returning it to the **Shine On Office**. Credit cards are subject to a **2% transaction fee**. Please fill in the form below for direct withdrawal from checking or savings.

Sincerely,  
Tom Knudsen

I (We) authorize the financial institution named below to honor direct withdrawals from my checking/savings initiated by **Shine On Daycare**. I (We) authorize, if necessary, Shine On Daycare to initiate adjustments for any transactions credited/debited in error.

**PLEASE ENTER CHECKING/SAVINGS ACCOUNT INFORMATION BELOW:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Financial Inst \_\_\_\_\_ Acct Type (please check one): \_\_\_checking \_\_\_savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Rates are as described in the signed contract and will be updated once per year or as needed.

**Application for Shine On Tuition Paid by Credit Card**

**Family Information:**

**Parent #1:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Parent #2:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Family email address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Child(ren) name(s):** \_\_\_\_\_

**Enter CREDIT CARD Account Information Here, please:**

**Account Type:** \_\_\_ Mastercard \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express

**Credit card Number:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Expiration Month/Year:** \_\_\_\_\_

**Name EXACTLY as it appears on card:** \_\_\_\_\_

**Frequency:** \_\_\_ Weekly \_\_\_ Biweekly \_\_\_ Monthly      **Day(s) of the Month:** \_\_\_\_\_

Shine On places a high value on the trust and confidence you place in us, and we consider your privacy our utmost concern. We do not disclose and nonpublic personal information about you to anyone, except as required by law. We may disclose the information we collect to the financial institutions responsible for the withdrawal of funds from you account via Automated Clearing House (ACH). These companies will use this information only for the services for which we have specified and are not permitted to use or share this information for any other purpose. AT NO TIME WILL WE RENT OR OTHERWISE MAKE AVAILABLE THE PUBLIC OR NONPUBLIC INFORMATION FOR ANY PURPOSE EXCEPT AS DESCRIBED IN THIS NOTICE. If you decide at some point to discontinue the services we provide, we will continue to adhere to the privacy policy and practices described in this notice.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:      **ShineOn Daycare**      **116 S. Westwood Blvd Nampa, ID 83686**