



# Children's Services Payment Form

Mr.  Mrs.  Ms.  Dr. First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Check payable to JCC     Cash     Credit Card (AMEX/MC/Visa)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Plan Options

Automatic Monthly Payments - Beginning Sept 2011 through June 2012. Draft will occur between the 5th and 10th of each month. Please note if you are already drafting membership this will be a separate transaction.

Draft from checking account     Draft from credit card (AMEX/MC/Visa)  
(Attach voided check)

Credit Card Information (if different from above)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_