



Educare Payment

CHILD'S NAME

PARENT/GUARDIAN NAME

WEEKLY PAYMENT OPTION (Must choose a primary and secondary form of payment)

Primary

Secondary

_____ ELECTRONIC FUNDS TRANSFER (EFT)
 _____ Checking Account
 (must attach a voided check to this form)
 _____ Savings Account (must attach a voided
 savings deposit slip to this form)
 _____ Savings Account Number
 _____ Bank/Credit Union Name

_____ ELECTRONIC FUNDS TRANSFER (EFT)
 _____ Checking Account
 (must attach a voided check to this form)
 _____ Savings Account (must attach a voided
 savings deposit slip to this form)
 _____ Savings Account Number
 _____ Bank/Credit Union Name

_____ DEBIT/CREDIT CARD (please circle one)
 Discover Visa Mastercard American Express
 _____ Account Number
 _____ Expiration Date _____ Security Code

_____ DEBIT/CREDIT CARD (please circle one)
 Discover Visa Mastercard American Express
 _____ Account Number
 _____ Expiration Date _____ Security Code

SMSC EMPLOYEES ONLY (Must enter an alternate form of payment when choosing payroll deduction)

TYPE OF ACCOUNT: _____ **Primary** _____ **Secondary**

_____ SMSC Gaming Enterprise Employee _____ SMSC Tribal Government Employee _____ Badge #

_____ SMSC Employee Payroll Deduction (I authorize my employer to deduct my weekly Playworks charges via payroll deduction.)

_____ If my Educare start date falls within the first two weeks of my employment with the SMSC, I understand there will be a double payment the first payroll deduction.

Weekly payments are required to be taken from an authorized bank account or through an SMSC payroll deduction. Playworks billing statements will be distributed each week via email. Late charges will be assessed if children are picked up after 7pm. Playworks tuition is subject to annual increase.

I hereby authorize a weekly payment on my behalf from the Electronic Funds Transfer (EFT- checking/ savings), debit/credit card account, or my SMSC employee payroll deduction as indicated above. I understand that if my EFT is declined, I will receive a non-sufficient funds (NSF) charge to my account. I understand that I am fully responsible for my payments, and if at anytime I decide to change this service, I will notify Playworks in writing.

Parent/Guardian Signature

Date

Playworks Representative Signature

Date

playworksfun.com

2200 Trail of Dreams • Prior Lake, MN 55372 • 952.445.PLAY (7529)

SMSC Infant and Toddler Classroom • 2330 Sioux Trail • Prior Lake, MN 55372 • 952.496.6124

Owned and Operated by the Shakopee Mdewakanton Sioux Community