

Date Entered in eFin	
Staff Initials	

## **Payment Information Form**

Please submit form by the:

25<sup>th</sup> of the *preceding* month if your payments process on the 1<sup>st</sup> of the month 10<sup>th</sup> of the month if your payments process on the 15<sup>th</sup> or 16<sup>th</sup> of the month 15<sup>th</sup> of the month if your payments process on the 20<sup>th</sup> of the month

Name:						
ICC Account Numb	Account Number:			Phone number:		
Signature:						
Today's date:	te: E			Effective date:		
would like to char	ge my payment fo	or:				
□ Membership □	Early Childhood	□ After S	chool	□ Camp	☐ Personal Training	
				 astercard		
• Pe	embership & childcarsonal Training payl 520 service charge v	ments are wi	thdrawn o	n the 16 <sup>th</sup> of eac		
Cardholder's name	:					
Cardholder's signat	ture:					
Card number:						
expiration date:						
□ EFT: Please att	ach a voided chec	k below				
• Me	ildcare payments a embership & persor \$20 service charge v	nal training pa	ayments aı	e withdrawn or	f each month n the 20th of each month	

Attach voided check here