

2024-2025 School Year

WEEKDAY PRESCHOOL AND KINDERGARTEN

First Baptist Church Texarkana, Texas
A Strong Foundation Since 1981

We Offer:

- *Degreed/certified Christian teachers
- *Music integrated curriculum
- *Developmentally appropriate curriculum
- *Spanish lessons
- *Positive reinforcement and guidance
- *Gym and modern play equipment
- *Well-equipped facility
- *Special events and experiences

Licensed by Texas Health & Human Services

The following programs are available:

Three Year Olds: (9:00-12:00) Three day and five day classes are offered. Students must turn three years old on or before September 1 of the school year for which you are registering. Students must also be toilet trained.

Four Year Olds: (9:00-12:00) Three day and five day classes are offered. Students must turn four years old on or before September 1 of the school year for which you are registering.

K-4: (9:00-12:00 Monday - Friday) Students should turn five years old before January 1 of the school year for which you are registering. (Four year old students who are not eligible for Kindergarten due to their date of birth).

Kindergarten: (8:00-12:00) Kindergarten students must turn five years old on or before September 1 of the school year for which you are registering.

Early Drop: Available each morning from 7:30a.m.-8:50a.m.

Extended Care: (12:00-3:30) Students must bring their own lunch, drink, and rest mat.

	3 Day 9:00 - 12:00	5 Day 9:00 - 12:00	Kindergarten 8:00 - 12:00	1 Day per Week	2 Days per Week	3 Days per Week	4 Days per Week	5 Days per Week
*Registration & Supply Fee	\$200	\$300	\$325					
*Extended Care Supply Fee				\$20	\$35	\$50	\$65	\$80
Monthly Tuition	\$260	\$360	\$375					
Monthly Fee Early Drop (7:30 - 8:50)				\$18	\$36	\$54	\$72	\$90
Monthly Fee Extended Care (12:00 - 3:30)				\$50	\$100	\$150	\$200	\$250

A child must be registered for *each* program in order to utilize it. Fees are for places reserved for a child, not for days of attendance. **Registration will not be considered complete until ALL registration paperwork is complete (please refer to checklist on red Registration Form) and the Registration & Supply Fees have been paid.**

*One-time Registration & Supply fees are due upon registration and are non-refundable after three business days.

It is the policy of First Baptist Church Weekday Preschool & Kindergarten not to discriminate on the basis of sex, color, or national origin.

TUITION, SCHEDULES & FEES ARE SUBJECT TO CHANGE WITH WRITTEN NOTICE.

FOR OFFICE USE ONLY			
Date _____	Time _____		
Paid \$ _____			
Cash _____	Check # _____	CC _____	
Online _____	Add to Statement _____		

WEEKDAY PRESCHOOL AND KINDERGARTEN

First Baptist Church Texarkana, Texas

Registration Form

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____

MALE _____ FEMALE _____ TELEPHONE _____

(include area code)

PARENT OR GUARDIAN _____

Please check EACH of the following programs your child will be attending:

PRESCHOOL & KINDERGARTEN PROGRAMS

__ 3 Day, Three Year Old Program: Tuesdays, Wednesdays, and Thursdays 9:00-12:00

__ 5 Day, Three Year Old Program: Monday through Friday 9:00-12:00

__ 3 Day, Four Year Old Program: Tuesdays, Wednesdays, and Thursdays 9:00-12:00

__ 5 Day, Four Year Old Program: Monday through Friday 9:00-12:00

__ 5 Day, K-4 Program (must turn 5 before 01/01/2025): Monday through Friday 9:00-12:00

__ 5 Day, Kindergarten Program: Monday through Friday 8:00-12:00

EXTENDED CARE PROGRAM 12:00-3:30 p.m. (Parents must provide a lunch, drink, and rest mat.)

__ 1 Day, (Please check one) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

__ 2 Day, (Please check two) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

__ 3 Day, (Please check three) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

__ 4 Day, (Please check four) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

__ 5 Day, Monday through Friday

EARLY DROP-OFF 7:30-9:00 a.m.

(Please check days needed) __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

*Reserve a spot for your child by returning **completed** forms with fee to the Weekday Preschool Office.*

Registration will not be considered complete until ALL forms and fees have been received.

REGISTRATION CHECKLIST

- __ Registration Form (red)
- __ Registration & Supply Fee
- __ Application for Admission __ front __ back (lemon)
- __ Parental Agreement (green)
- __ Discipline & Guidance Policy (orange) - read and keep
- __ Signed Health Care Professional's Report (butter)
- __ Current Immunization Record, Signed by Physician
- __ TB Questionnaire (tan)
- __ Payment Form (white)

FOR OFFICE USE ONLY

- __ Registration Form
- __ Registration & Supply Fee
- __ Application for Admission
- __ Parental Agreement
- __ Signed Physician's Report
- __ Current Immunization Record
- __ TB Questionnaire
- __ Payment Form
- __ Notified of complete enrollment

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

Application for Admission

PERSONAL INFORMATION:

Child's Name (First) _____ (Middle) _____ (Last) _____ Preferred Name _____

Date of Birth _____ Age _____ Sex _____ Child lives with _____ both parents _____ Mom _____ Dad _____ Guardian _____

Address _____ City _____ State _____ Zip _____

E-mail* _____ Elementary school district in which child resides _____

(*used to receive communication from office, monthly account statement and to set up account at myprocare.com)

Father's Name _____ Occupation _____ Employer _____

Home Address _____ City _____ State _____ Cell Phone _____ Bus. Phone _____

Mother's Name _____ Occupation _____ Employer _____

Home Address _____ City _____ State _____ Cell Phone _____ Bus. Phone _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY IF PARENTS/GUARDIAN CANNOT BE REACHED: (must include phone & address)

Name _____ Relationship to Child _____ Cell Phone _____

Street Address _____ City _____ Daytime Phone _____

Name _____ Relationship to Child _____ Cell Phone _____

Street Address _____ City _____ Daytime Phone _____

LIST ALL PERSONS APPROVED TO PICK UP YOUR CHILD FROM SCHOOL (including yourself), WITH THEIR PHONE NUMBER.

Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Persons bringing the child or picking up the child must be sure that a staff member is aware of the child's arrival and/or departure.

HEALTH INFORMATION: List any special problems or needs your child may have:

Allergies*: _____ None _____ Yes _____

*In case of diagnosed food allergy or severe illness, current Plan of Action signed by physician must be turned in with registration paperwork.

Existing illnesses: _____ None _____ Yes _____

Previous illnesses/injuries: _____ None _____ Yes _____

Hospitalization (within the past 12 months): _____ No _____ Yes _____

Medications prescribed for long-term continuous use: _____ None _____ Yes _____ List any side effects: _____

Is there any evidence of: Hearing loss or difficulties? _____ No _____ Yes _____ Vision difficulties? _____ No _____ Yes _____

Has child ever had vision tested? _____ No _____ Yes _____ Wear glasses? _____ No _____ Yes _____

Has child ever had speech evaluated and/or received speech services? _____ No _____ Yes _____

Has child ever been to a dentist? _____ No _____ Yes _____

Please explain any of the above as you see necessary and list any other information that we should be aware of:

Special problems or occurrences in the facility affecting your child will be brought to the attention of the parent/guardians. This includes serious communicable diseases. Parent conferences are available as needed and upon request.

PLEASE COMPLETE OTHER SIDE

HOME INFORMATION:

Married _____ Separated _____ Divorced _____ Stepfather _____ Stepmother _____
(how long) (how long) (how long)

Custody visiting arrangements _____

**A copy of any court documents outlining custodial arrangements must be provided to our office.*

Additional information that would help us care for your child _____

BROTHERS AND SISTERS OF THE CHILD:

Name _____ DOB _____ Grade _____ Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____ Name _____ DOB _____ Grade _____

Does child sleep in the bed alone? _____ If not, with whom? _____

OTHER PEOPLE IN HOUSEHOLD:

Name	Age/Relationship	Name	Age/Relationship
------	------------------	------	------------------

1. _____	3. _____
----------	----------

2. _____	4. _____
----------	----------

Who has cared for the child other than his parents? (State whether adults or teenagers.) _____

BEHAVIOR:

How does your child communicate his/her needs? _____

What method of behavior control is used in your home? _____

When your child gets upset, what helps him/her calm down? _____

How does child behave when you want him/her to do something new? _____

Does child have any special fears? _____

Are there any particular routines that are helpful at naptime? _____

Does your child choke easily while eating? _____

**Please do not send choking hazards in Extended lunches. Cut grapes and other foods into small pieces.*

PLAY INFORMATION:

Favorite indoor play activities? _____

Favorite outdoor play activities? _____

Age(s) of playmates? _____ About how many? _____

Is child a leader? _____ Will child willingly share toys with others? _____

Has child had group play experience? _____

When and with whom does child watch TV? _____

When and with whom does child play computer, phone, or video games? _____

SOCIAL INFORMATION:

Check all of the following which describe your child:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Temper outbursts	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Happy	<input type="checkbox"/> Good self-image	<input type="checkbox"/> Poor self-image
<input type="checkbox"/> Friendly	<input type="checkbox"/> Quiet	<input type="checkbox"/> Explosive
<input type="checkbox"/> Adaptable	<input type="checkbox"/> Sullen	

CHURCH ACTIVITIES:

Religious preference: Child _____ Father _____ Mother _____

Member of what church: Child _____ Father _____ Mother _____

Does child attend? _____ Does he/she enjoy it? _____ Do parents attend? _____

I consent to receive e-mails with information from First Baptist Church Texarkana (check all that apply):

☐ Preschool Ministry ☐ Women's Ministry ☐ Church Activities (You may unsubscribe at any time.)

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

PARENTAL AGREEMENT

If a parent telephones the school requesting that another person pick up the child from school, you may be asked to tell us your "code." This code will help us to verify your identity. On the line below please write the student's mother's maiden name or another code word of your choice. A driver's license or photo I.D. must be presented by those who do not usually pick up your child.

(please print)

FIRST BAPTIST CHURCH has my permission to transport and supervise my child for field trips or excursions taken by this facility.

YES_____ NO_____

FIRST BAPTIST CHURCH has my permission to transport my child in case of an emergency.

YES_____ NO_____

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize First Baptist Church employees to take my child to:

Name of Physician	Address	Phone
Name of Emergency Care Facility	Address	Phone

I give consent for First Baptist Church employees to secure any and all necessary emergency medical care for my child.

Signature of Parent or Guardian

Date

ACTIVITY AND PLAY LOCATIONS AT FIRST BAPTIST CHURCH TEXARKANA:

I give consent for my child to participate in class activities outdoors, in unfenced areas, and in other indoor spaces at First Baptist Church Texarkana, 3015 Moores Lane, Texarkana, Texas.

YES_____ NO_____

WATER ACTIVITIES:

I give consent for my child to participate in water table play.

YES_____ NO_____

PUBLICIZING STUDENT INFORMATION:

For various reasons, parents frequently ask for telephone numbers and/or addresses of their child's classmates. Please indicate below whether or not we may share this information with other parents:

My telephone number and home address may be given to other preschool parents. YES_____ NO_____

Students may be photographed during day-to-day activities, field trips, and special events. My child's picture or image recorded may be published in the Weekday Preschool & Kindergarten monthly newsletter, First Baptist Texarkana Weekday Preschool & Kindergarten facebook page, First Baptist Church Texarkana website, and First Baptist Church Preschool Ministry publications.

YES_____ NO_____

My child's picture may be published for the purpose of marketing or publicizing FBC Weekday Preschool to the community.

YES_____ NO_____

Signature of Parent or Guardian

Date

The operational policies of First Baptist Church Weekday Preschool and Kindergarten are printed in the PARENT HANDBOOK.

An additional *Discipline and Guidance Policy* is included in this registration packet.

I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES OF THIS FACILITY.

Child's Name

Signature of Parent or Guardian

Date

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

As a facility licensed by Texas Health and Human Services, we adhere to the following

Discipline and Guidance Policy

This form provides the required information per Texas Administrative Code (TAC) minimum standards §746.2803 and §746.2805.

Directions: Parents will review this policy upon enrolling their child.

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet;
- (9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out;
- (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

Minimum Standards Related to Discipline

• Title 26, Chapter 746 Subchapter L: [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=2803](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=2803)

• Title 26, Chapter 746 Subchapter L: [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=188434&p_tloc=&p_ploc=1&pg=4&p_tac=&ti=26&pt=1&ch=746&rl=2803](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=188434&p_tloc=&p_ploc=1&pg=4&p_tac=&ti=26&pt=1&ch=746&rl=2803)

A copy of the policy is provided in the operational policies.

Our teachers make every effort to relate to each child in order to prevent behavior problems. We feel that discipline and guidance should be positive, consistent, and constructive. Our guidance practices are based on an understanding of each child's needs and development, and all guidance is directed toward teaching the child self-control and acceptable behavior. If needed, a brief, supervised separation from the group may be used in the classroom or in the office. Should further guidance be necessary, parents may be asked to pick up the child from school. On rare occasions, the director reserves the right to counsel with parents, to require that the student be evaluated by an independent professional, and to remove the child from Weekday Preschool & Kindergarten either temporarily or permanently.

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

*This form or a similar form issued and signed by the child's physician
must be returned in order to complete registration.*

Please contact your child's physician's office, as a well visit may or may not be required.

Health Care Professional's Statement

Child's Name _____ Date of Birth _____

I have examined the above named child within the past year and find his or her physical condition suitable for normal group activities.

Signature - Health Care Professional

Date Signed

Health Care Professional's Name (Please print.)

Address of Health Care Professional

Are all immunizations up to date? ___ Yes ___ No (if no, indicate reason)

**PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD
(must be signed or stamped by physician or public health personnel)**

Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

CURRENT COPY OF IMMUNIZATION RECORD IS REQUIRED

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB	HepB		HepB	HepB	HepB	HepB			
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP	DTaP			DTaP
Hib* Haemophilus influenzae type b			Hib	Hib	Hib*	Hib	Hib				
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV	PCV	PCV				
IPV Polio			IPV	IPV	IPV	IPV	IPV				IPV
COVID-19** Coronavirus disease 2019					COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**	COVID-19**
Flu* Influenza					Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*	Flu (One or Two Doses Yearly)*
MMR Measles, Mumps, & Rubella					MMR	MMR	MMR	MMR	MMR	MMR	MMR
Varicella Chickenpox					Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella
HepA* Hepatitis A					HepA*	HepA*	HepA*	HepA*	HepA*	HepA*	HepA*

FOOTNOTES

RV* **Hib***
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu* Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA* Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: cdc.gov/vaccines/parents



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

Please complete the following section IF you are attaching an Exemption from Immunization form:

I am excluding my child, _____, from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized form described by Section 161.0041 Health and Safety Code.

Printed Name

Signature

Date

Texas Department of State Health Services
Tuberculosis (TB) Questionnaire for Children

Name of Child _____ Date of Birth _____ Date _____

Organization administering questionnaire **FIRST BAPTIST WEEKDAY PRESCHOOL & KINDERGARTEN**

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? 			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
To your knowledge, has your child spent time (longer than 3 weeks) with: anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? ☐ Yes (specify date ____/____/____) ☐ No
 Has your child ever had a positive TB skin test? ☐ Yes (specify date ____/____/____) ☐ No
 Has your child ever had a positive TB blood test? ☐ Yes (specify date ____/____/____) ☐ No

For school/healthcare provider use only

PPD / IGRA administered (circle one)

Date Administered: ____/____/____ Date Read (if PPD): ____/____/____

Result of PPD: _____ mm Result of IGRA test: ☐ Positive ☐ Negative ☐ Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): _____

PPD/IGRA provider: _____
signature printed name

Provider phone number: _____

City _____ County _____

If positive, referral to healthcare provider: ☐ Yes ☐ No

If yes, name/contact of provider: _____

FBC Weekday Preschool & Mother's Day Out Payment Form



We request that each family provide us with a completed authorization form (please find attached), along with one of the following:

A voided check – Tuition payments will be automatically drafted from your checking or savings account on the 5th of each month at no extra cost or fees.

OR

Credit or debit card information – Tuition payments will be automatically charged to your account on the 5th of each month. A 2.85% processing fee will apply.

Automated payments will begin on September 5, 2024, and occur monthly, with the last payment being made on May 5, 2025.

Pro-rated August tuition amounts will be provided to you in August.

Once your child's registration is complete, you may use your billing e-mail address to enter the free online portal at MyProcare.com. You may use this safe, secure, and convenient portal to access account information or make payments at any time.

Please note, returning families may continue to use their existing MyProCare portal.

If you have any questions, please call the weekday preschool office at 903.223.5424.

Thank You,
Shawna Cotten, Director
FBC Weekday Preschool & Kindergarten



Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

0001


PAY TO THE ORDER OF

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

100 DOLLARS

Security features included. Details on back.

**Savings Bank**
Any Street, Anytown
Tel: (001) 555-5555

RE _____

MP _____

123456789

000123456789

0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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