**PAYMENT METHOD NOTIFICATION**

Please complete the table below to confirm your details and preferred method of payment:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME:**  **DATE OF BIRTH:** | | | | | | | | | | | | | |
| **SITE/SCHOOL ATTENDED:** | | | | | | | | | | | | | |
| **CHOSEN PAYMENT METHOD(S)** | | | | | | | | | | | | | |
| Childcare voucher | | Standing order | | | Bacs (bank transfer) | | | | Pre-authorised invoice | | | Tax free childcare payment | |
| **PARENT NAME:** | | | | | | | **SIGNATURE:** | | | | | | |
| **ADDRESS:** | | | | | | | | | | | | | |
| **EMAIL ADDRESS:** | | | | | | | | | | | | | |
| **PHONE NUMBER:** | | | | | | | | | | | | | |
| **PREFERRED METHOD(S) OF CONTACT** | | | | | | | | | | | | | |
| Phone | | | | Email | | | | | | Post | | | |
| **CHOSEN FREQUENCY OF PAYMENT** | | | | | | | | | | | | | |
| Sessional | Weekly | | Fortnightly | | | Monthly | | Half-termly | | | Termly | | Full 39 weeks (excluding inset days) |

**Please return this to us by either:**

**Email it to** [**finance@outofhours-kidsclub.com**](mailto:finance@outofhours-kidsclub.com)

**Return it to your Site Manager.**

**Thank you!**