**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**

**Return it to your Site Manager.**

**Thank you!**