

2018-2019 WISD Community Education Kids Unite
AUTO Credit Card Payment Form

Child(ren)'s Name: _____

School: _____ Amount to charge: \$ _____

Check KU Payment Plan Box:

Standard Monthly Plan Free/Reduced/Employee Monthly Plan

Standard Weekly Plan Free/Reduced/Employee Weekly Plan

Credit Card Information:

Visa MasterCard Discover

Last 4 digits of card number _____ Expiration Date _____/_____/_____

Name (as it appears on card) _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone (cell) _____ (work) _____

Authorization Signature _____ Date _____

2018-19 Kids Unite Payment Due Dates

Weekly Due Dates							
Payment #	Due Date	Payment #	Due Date	Payment #	Due Date	Payment #	Due Date
1	Upon Reg.	10	10/18/2018	19	12/20/2018	28	2/21/2019
2	8/23/2018	11	10/25/2018	20	12/27/2018	29	2/28/2019
3	8/30/2018	12	11/1/2018	21	1/3/2019	30	3/7/2019
4	9/6/2018	13	11/8/2018	22	1/10/2019	31	3/14/2019
5	9/13/2018	14	11/15/2018	23	1/17/2019	32	3/21/2019
6	9/20/2018	15	11/22/2018	24	1/24/2019	33	3/28/2019
7	9/27/2018	16	11/29/2018	25	1/31/2019	34	4/4/2019
8	10/4/2018	17	12/6/2018	26	2/7/2019	35	4/11/2019
9	10/11/2018	18	12/13/2018	27	2/14/2019	36	4/18/2019

Monthly Due Dates			
Payment #	Due Date	Payment #	Due Date
1	Upon Reg.	6	2/1/2019
2	10/1/2018	7	3/1/2019
3	11/1/2018	8	4/1/2019
4	12/1/2018	9	5/1/2019
5	1/1/2019		

Important Tuition Notice

Monthly payment plan is based on the total number of weeks in the school year divided into equal payments. Tuition adjustments will not be made for unforeseen circumstances beyond the control of ComEd, (inclement weather, medical or facility emergencies). **The due dates are based on the payment number and not the time period covered.**

For your security, the record of the credit card number below will be destroyed after payment has been processed.

Card Number _____ Exp Date _____