



WonderCare Multiple Party Billing Agreement Terms

- If you choose to elect multiple party payments for a specific child's care, each party must complete and sign one form with specific sections completed by each responsible party.
- A completed billing authorization must also be completed for each paying party.
- Failure by either party to satisfy payment obligations may jeopardize the child's participation in the program.
- Only payment method offered in multiple party payment accounts is through a credit/debit card.
- Both parties have full disclosure on account activity.
- Agreement applies to all childcare activities as registered, added and/or changed by the program required deadline, during the program period.
- Percentage total of both parties must equal 100% of the total registration fee.
- Forms must be completed each year.
- Parents are responsible to ensure WonderCare receives both parties' billing information. WonderCare will not make repeated attempts to obtain both parties billing information.

MONTHLY MASTERCARD/VISA/DISCOVER CHARGE CARD AGREEMENT

I authorize the Webster Central School District to make monthly charges on my credit card in payment on my WonderCare tuition. If at any time during the contract period my credit card is cancelled, I agree to notify WonderCare, or pay the balance due in full at that time.

Child's Name: _____ School/Site: _____

Parent #1 Name: _____

Contract Period: Start Date: August 15, 2020

End Date: May 15, 2021

10 Month Agreement:

Percentage I am responsible for _____%

VISA/MC Acct # _____ Expiration Date _____

Cardholder Name (Print) _____ Security Code: _____

Cardholder Signature _____

Address: _____ Phone: _____

Email: _____ Today's Date _____

Office Use Only Transactions are recorded on the 15 th of each month circled.									
Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May

Transactions to be recorded on the 15th of each month.

MONTHLY MASTERCARD/VISA/DISCOVER CHARGE CARD AGREEMENT

I authorize the Webster Central School District to make monthly charges on my credit card in payment on my WonderCare tuition. If at any time during the contract period my credit card is canceled, I agree to notify WonderCare, or pay the balance due in full at that time.

Child's Name: _____ School/Site: _____

Parent #2 Name: _____

Contract Period: Start Date: August 15, 2020

End Date: May 15, 2021

10 Month Agreement:

Percentage I am responsible for _____%

VISA/MC Acct # _____ Expiration Date _____

Cardholder Name (Print) _____ Security Code: _____

Cardholder Signature _____

Address: _____ Phone: _____

Email: _____ Today's Date _____

Office Use Only Transactions are recorded on the 15 th of each month circled.									
Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May

Transactions to be recorded on the 15th of each month.