Kid Connection
6100 195th St W
Farmington, MN 55024
Telephone # 651-460-3209
FAX # 651-460-3210

2011-12 Kid Connection
Automatic Payment Form

Date: _____

I hereby authorize Farmington Independent School District #192, Community Education Kid Connection to debit my Discover, MasterCard or Visa for the purpose of paying for my child's _____ Kid Connection tuition.
(Child's name)

This authorization will be void if I withdraw my child from I.S.D. #192 Kid Connection Program and my account is paid in full. Further, this authorization will be void if and when I submit in writing that I wish to cancel this authorization.

_____ _____
Signature of card holder Date

This authorization form must be signed and dated to be valid.

Student's Name _____ ARES FES MVES NTES RVES
(circle location)

Parent/Guardian_____

Address _____ City _____ Zip Code _____

Phone (H) _____ (Day) _____

Charge to my: ☐ Discover ☐ MasterCard ☐ Visa

Card #: _____-_____-_____-_____

Expiration Date _____Signature_____

This information will be used by Community Education exclusively for the purpose stated above. Information will be destroyed when authorization is terminated.