

Christian Nurturing Center
 715 Amwell Rd.
 Hillsborough, NJ 08844
 (908) 369-5215 • www.neshanicreformedchurch.org



ELECTRONIC PAYMENT FORM

When you participate, your payment will be transferred conveniently each month from your checking account or savings account directly to Christian Nurturing Center. Payments will be deducted on the 1st of each month. All payments provided to Christian Nurturing Center originating as ACH transactions comply with U.S. Law. ___ Kids Morning Out

Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Email _____

✧ I'd like to make a ___ One-time payment **OR** ___ Monthly payment of \$_____ on the 1st of the month.

✧ Please apply my payment to:

- | | | |
|------------------------|----------------------|---------------------------------|
| ___ Tuition | ___ Lunch Bunch | ___ Early Morning Drop Off |
| ___ PreK Extra Innings | ___ Kids Morning Out | ___ Mommy & Me |
| ___ Summer Enrichment | ___ Scholarship Fund | ___ Other – Specify in Comments |

COMMENTS: _____

Enclosed is a voided check for my payment. Please transfer my payment from my checking or savings account. I understand my future payments will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online payment form at www.neshanicreformedchurch.org or by contacting Christian Nurturing Center by phone or mail. All payments provided to Christian Nurturing Center originating as ACH transactions comply with U.S. Law.

Signature (Required) _____ **Date** _____

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your ___ One-Time payment **OR** ___ Monthly payment of \$_____ on the 1st of the month.

- Apply my payment to: ___ Tuition ___ Lunch Bunch ___ Early Morning Drop Off ___ PreK Extra Innings
 ___ Kids Morning Out ___ Mommy & Me ___ Summer Enrichment ___ Scholarship Fund ___ Other – Specify in Comments

COMMENTS: _____

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