



Payment Submission Form

(This form must be typed. Type in the spaces provided.)

Date: _____

Apprentice(s): _____

Payment for Semester: 1st 2nd 3rd 4th

Amount: _____

Payment Method: _____
(Make payable to RVCDS-River Valley Child Development Services, no cash or debit/credit cards.)

Paid by: _____

County: _____
(This would be the county you are wanting to attend ACDS.)

Email address: _____
(Receipts will be emailed unless otherwise stated)

Notes:

*All payments must be mailed to the ACDS office within one week of the start date.
ACDS
611 7th Ave
Huntington, WV 25701
Phone: 304-523-0433

Office use only: Amount received: Processed by: Date:
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