



## Payment Submission Form

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

Date: \_\_\_\_\_

Apprentice(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment for Semester:       1<sup>st</sup>       2<sup>nd</sup>       3<sup>rd</sup>       4<sup>th</sup>

Amount: \_\_\_\_\_

Payment Method: \_\_\_\_\_  
 (Payment is nonrefundable and non-transferable. Checks are made payable to RVCDS)

Paid by: \_\_\_\_\_

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

Email address: \_\_\_\_\_  
 (Receipts for checks will be emailed and receipts will not be provided for card transactions unless requested)

Notes:

\*All payments must be mailed to the ACDS office within one week of the start date.

**ACDS**  
 611 7<sup>th</sup> Ave  
 Huntington, WV 25701  
 Phone: 304-523-0433

"This program is being presented with financial assistance as a grant from the West Virginia Department of Human Services and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services."

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