



## 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: \_\_\_\_\_  
(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 7<sup>th</sup> Ave  
Huntington, WV 25701  
Phone: 304-523-0433

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