



PAYCARE PLUS PARENT REFERRAL SLIP

School/Facility Name: _____

Director/Principal Name: _____ Member# _____

Facility/School Address: _____

Facility/School Phone#: _____

Mr(s). _____ is requesting a 'Starter' Pay incentive

In the amount of \$ _____; Reason/Purpose: _____

Parent's Phone#: _____

"Parent's Promise" Plan: _____

For the benefit of:

(Child's Full Name)

(Child's Date of Birth)

Our Facility understands that a 'Starter' Pay incentive will be paid in monthly payments.

AUTHORIZED FACILITY SIGNATURE: _____

Title: _____ Date: _____

I do understand that this Pay incentive will be made for me once my membership is established; My information is verified; And I review, agree to and sign my "Parent's Promise" Plan. My associated fees will be paid via electronic draft from my checking account.

***I agree to submit a signed membership agreement, debit card (front & back), picture ID copy, most recent paystub and bank statement (all pages), and copy of a 'void' check or account verification bank letter for information verification by Paycare PLUS Program**

Parent's Signature: _____ Date: _____

| Integrity

| Vision

| Execution

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