Child Nutrition Program
West Valley School District #208
Kristen Blair, RD, CD, Child Nutrition Director
7507 Zier Road
Yakima, Washington 98908
OFFICE PHONE: (509) 972-6040
FAX: (509) 972-6041

NEW FORM REQUIRED EACH SCHOOL YEAR

2009-10 Credit Card Deposit Options & Auto Visa/MasterCard Deposit & Authorization Form

- **Online Deposits** - go to **www.wvsd208.org** (located under Family/Community - Lunch Menu) *or* **www.mynutrikids.com** (allow 24 hours to process your credit card deposit; Pay Pal transactions take 5 - 7 business days to process). You will need your child's 7-digit I.D. number to register online. If you don't have it, please feel free to contact our office at 972-6040 or 972-6048 and we will gladly provide you with the information you need.

- **Call in Visa/MasterCard Deposits** - parents can call in Visa or MasterCard deposits starting Monday, August 17th to ensure that their child(ren) have money in their lunch accounts when school starts. **There is a minimum $20.00 deposit/child**. ***10:00 a.m. is the Call-In Deadline*** during the school year for same day deposits. Call 972-6040 or 972-6048.

- **Auto Visa/MasterCard** - with a current Visa or MasterCard account on file in the Child Nutrition Office, parents can fill out the form below so that their child(ren)'s accounts are automatically refilled each time their account gets low with a designated amount determined by the parent.

Auto Visa/MasterCard Deposit & Authorization Form

The Automatic Deposit Program ensures that once your child's lunch account is depleted, an automatic deposit is made using your Visa/MasterCard information we have on file in our office to replenish the account. The amount deposited is determined and established by the parent or guardian (see below).

Parent/Guardian: _____
Last Name First Name

Mailing Address: _____
Street/P.O. Box City Zip

Daytime Phone: _____ Cell: _____ E-mail Address: _____
(where you can be reached during the morning hours) *(receipts will be e-mailed)*

Child's Full Name	**School Attending in '09-'10**	**Automatic Deposit** Please list amount you would like refilled on each account **($20.00 Minimum)**

I hereby authorize the West Valley Child Nutrition Department to deposit for the above child(ren) as necessary for the 2009-10 school year using my current Visa or MasterCard deposit information. I understand that I will be emailed or mailed a receipt after a deposit is made for my records.

_____ _____
Parent/Guardian Signature Date

PLEASE RETURN THIS FORM TO:
West Valley School District, Child Nutrition Dept.
7507 Zier Road, Yakima, WA 98908

OR

FAX THIS FORM TO: (509) 972-6041