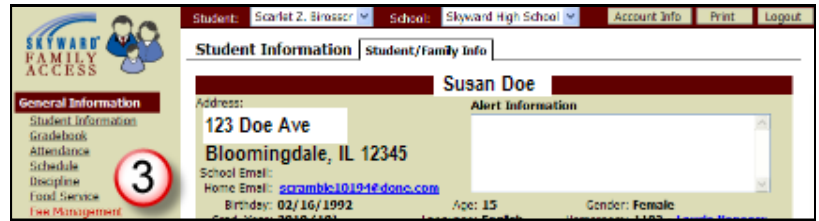


Making a Payment



1. Visit isd742.org
Under the right TOP PICKS column select **SKYWARD FAMILY LINK**

2. Log in to SFA



(Food Service) Fee Listing:

Account Information for: Susan Doe	
Lunch Type: PAID	
Prior Year Balance:	\$9.00
+ YTD Payments:	\$0.00
- YTD Purchases:	\$0.00
= Current Balance:	\$9.00
Last Payment:	\$9.15
Last Check:	
Payment Date:	11/27/2007

Prior Year Balance: \$9.00
 + YTD Payments: \$0.00
 - YTD Purchases: \$0.00
 Current Balance: \$9.00

Payment Amount: 50.00

Pay with RevTrak

Back

(Fee Management) Fee Listing:

Date	Billing Description	AMOUNT Charged	AMOUNT Paid	AMOUNT Due	Class
08/17/06	Registration	\$100.00	\$0.00	\$ ** **	
09/08/06	UMS Fines	\$40.00	\$0.00	\$ ** **	
TOTAL		\$240.00	\$0.00	\$ *** **	

Description	Amount Charged	Amount Paid	Amount Due	Pay Charge	Pay Amount	Remaining Balance
Registration	100.00	0.00	100.00	<input checked="" type="checkbox"/>	100.00	0.00
UMS Fines	40.00	0.00	40.00	<input checked="" type="checkbox"/>	40.00	0.00
Registration	100.00	0.00	100.00	<input type="checkbox"/>	0.00	100.00

5. Select amount & click **PAY WITH REVTRAK**
6. Click **CONTINUE SHOPPING** or
7. Click **GO TO CHECKOUT**
8. Enter your **EMAIL ADDRESS**
9. Select:
NEW OR RETURNING CUSTOMER
(If Returning, enter password)
10. Click **SIGN IN**

To continue shopping click here: **[Continue Shopping]**

Step 1: ViewCart Step 2: Billing Step 3: Shipping Step 4: Payment

Shopping cart contents:

Item	Price	*Qty	Total
Lunch Tickets: 10 Tickets	\$** **	1	\$ ** **
Total:			\$ ** **

Enter your email address:

Go to Checkout >

11. Fill in **BILLING INFO**
12. Create **PASSWORD** if a new customer
13. Fill in **Payment Information**
Verify info & click **COMPLETE ORDER**

I am a new customer (You'll create a password later)

I am a returning customer and my password is

Sign in using our secure server

BILLING INFO:

First Name: Susan
 Last Name: Doe
 Address 1: 123 Doe Ave
 City or Province: Bloomington
 State / Country: MN / United States
 Telephone: 123-123-1234

ACCOUNT INFO:

Email Address: SusanDoe@gmail.com

Your password must contain at least one alphabet character, one digit, not be less than 8 characters, and may not contain any of the following characters: < () > .

PAYMENT INFO:

Credit Card Number: _____
 Cardholder Name: _____
 Expires: _____
 Month: _____ Year: _____

14. View & print **RECEIPT** if desired
15. Click **LOG OUT** on bottom left

16. Credit card statements will show payment made to the school district.

Your School Name Here

THANK YOU FOR YOUR ORDER! Please SAVE and/or **PRINT** this page for your records.

7/23/2009 3:52:16 PM ORDER ID: 10009000

BILL TO	SHIP TO
Sue Doe 123 Doe Ave Bloomington 12345 123-123-1234	Sue Doe 123 Doe Ave Bloomington 12345 123-123-1234

PAYMENT INFO

TYPE	VS
NAME ON CARD	Susan Doe
CARD NUMBER	XXXXXXXXXXXX1111

To continue shopping, please click here.

To logout, please click here.