



- 1. Do you have an Infinite Campus Account?
  - If NO, please fill out and return the Parent Agreement form to the School office or Diane Jass at the Central office. This form can be found at: <u>http://www.fdschools.org/documents/filelibrary/technology/infinitecampus/FDCSD\_Infinite\_Campus\_Parent\_P</u> ortal\_C439D2FB1C49C.pdf
  - If YES, please log into your Infinite Campus account.
- 2. Go to Payments Tab on left side of screen.

Family		Payments							
Messages	>	Accepted	Payment Methods	s VISA 🥯 🔤	DISCOVER ec	heck	About Onli	ine Payments 🕨 Ab	out Convenience 🔺
Family Members	>								
Calendar	>	* Minimum payr	nent amount is \$5.00						
Payments		Food Service		View details	Balance	'Estimate	Payment		
Food Service	>	Emily N F	(ommer		-\$0.70	N/A	\$	Select estimated	amount
To Do List	>	Jarred L	Kommer		\$5.85	N/A	\$	Select estimated	amount
User Account		Jessica	Kommer		\$16.90	N/A	\$	Select estimated	amount
Account Management	>	Mallory S	SKommer		\$20.00	N/A	\$	Select estimated	amount
Contact Preferences	>	* The estimated	l payment is for one month a	nd is based on the past foo	d service purc	hases			
Access Log	>	Fees	Description			Due	'Payment		
		There are no	Fees available.						
Care E1									
Care E2					Conv	enience Fee:	\$1.00		
Care E3		Register your o	credit cards and banking info	rmation		Total:	\$1.00	Continue	
GRAND ISLAND PUBLIC		1 C C C C C C C C C C C C C C C C C C C	edit cards and banking inform	nation					
SCHOOLS		View your onli	ne payment history						

3. Enter the payment amount and/or lunch deposit amount. Click continue to enter payment information

Total:\$82.00

- 4. Select payment method
- 5. Click the *Continue* button to move to the next step (Add Payment Method).
- 6. Enter all required Billing Information as well as the Card Number, Expiration Date and Name of Cardholder.
  - If the Card Number is incorrect, the field will highlight in red and a red exclamation point will appear. Clicking the red exclamation point will generate a separate window describing the error that has occurred. Use this information to correct the error.

ld Payment Method		;
Billing Information		
Name: (required)	Robert Parent	
Address: (required)	4321 109th Ave NE	
City: (required)	Any Town	
State / Zip: (required)	MN / 55449	
Account Type		
Checking Savings Ocre	dit/Debit Card	
Card Number:	4012000033330026	
Expiration Date: (mm yy)	05 16	
Name Of Cardholder:	Robert E Parent	
	Back to Payments Save	
	Back to Paymenta	

7. Once correct information has been entered, select the *Save* icon. The credit card is now established within Infinite Campus and may be used for transactions. Users have the ability to **modify registered payment methods** by selecting the Edit button.



Once selected, users are directed to a new screen displaying all registered payment methods.

To edit a payment method, select the corresponding *Edit* button. Make the required adjustments and click the *Save* button.

From this same location, entered payment information can be deleted.

To delete a saved payment method, click the *Cancel* link.

The confirmation screen displays. To continue with removal of this payment method, click the *Cancel* button.

Then, click the *Edit Accounts* button to return to the list of stored payment options or click the Back to Payments button.

Users can **view detailed payment history information** by selecting the Payment History button.

Payments			
Accepted Payment Methods 💴 🧠 🚞 e	echeck		Payment History
* Minimum payment amount is \$5.00			
Paying fees through the Portal is convenient for you, for the sch school's Front Office.	hool and for your student. For questi	ions or concerns regarding thi	is functionality, contact the

The Transaction History screen displays, listing any online payment transactions completed between the entered date ranges.

This can also be printed by choosing the Print button. Select the Download PDF for printing button. The Online Transaction Report will appear in a separate window in PDF format.

Transacton History						
Date Ra	nge 06/07/2013 - 08/07/2013 Go	Print				
Date	Payment Method	Reference #	Amount			
2013-08-07 10:57:17.933	VISA *0026	16088206	\$52.00			
Fee Payment Justin (Parking Fee SrH) Convenience Fee			\$50.00 \$2.00			
2013-08-07 09:49:07.91	VISA *0026	16088204	\$38.00			
Fee Payment Justin (Book fine) Convenience Fee			\$35.00 \$3.00			
	Back To Payments					