



9510 Chandler Street
Pensacola, FL 32534

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information:

Child: _____

Parent(s): _____ School: _____

Email Address: _____

Phone Number: _____ (Home) _____ (mobile)

Payment Information:

I authorize Creative School Age Child Care, Inc. to automatically bill the card listed below as specified. ____ (initial)

Product/Service: _____

Recurring amount: \$ _____ (Initial)

Frequency: ____ Weekly (Mon) ____ Weekly (Tues.) ____ Monthly (1st of month) ____ (Initial)

Start on ____/____/____ End on ____/____/____

I understand if my credit card, debit card or ACH payment is dishonored, I will be subject to pay the outstanding balance and a \$20.00 service charge. ____ (Initial)

I understand that CSACC will attempt to process the charge again in 7 days, and I agree to an additional \$20.00 service charge for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment. ____ (Initial)

Credit Card Information:

Card type: ____ Mastercard ____ VISA ____ Discover ____ AMEX

Cardholder Name: _____ Cardholder Zip Code _____
As shown on card

Card Number: _____ Expires ____/____

____ Notify me via email when my credit card is charged. (Make sure the address above is correct.)

Customer Signature

Date

Child Name

CSACC @ _____
Elementary School Name