



2018-2019 Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the information 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. This form is only valid for the 2018-2019 school year.

Customer Information:

Child or Children's Name(s): _____

Parent/Guardian's Name(s): _____

Elementary 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)

Service: Child Care Tuition

Recurring Amount: \$ _____ (Initial)

Frequency (Pick one): _____ Weekly on Monday _____ Weekly on Tuesday _____ Monthly on the 1st _____ (Initial)

Start on: ___/___/___ End on: 05/24/2018

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 at the email address above when my credit card is charged.

Customer Signature

Date