

Reoccurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Hearts & Hands Montessori to charge my Credit Card
(Cardholder's Name)
indicated below for \$ _____ + 3% for credit card processing fees on the 20th of each
(Monthly Childcare Costs)
Month for the upcoming month's tuition and for requested and available drop-in childcare days
for \$ _____ + 3% credit card processing fees.
(Drop-in Daily Rate)

Billing Information

Email Address _____ Phone # _____
Billing Address, City, State, Zip _____

Card Details

Visa Mastercard Discover American Express

Cardholder Name _____
Card Number _____
Expiration Date ____ / ____
CVV _____
Billing Mailing Address _____
Billing City & State _____
Billing Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hearts and Hands Montessori in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday. I understand that the payments by be executed on the next business day. I acknowledge that the organization of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____