



## RECURRING BILLING AUTHORIZATION FORM

PARENT INFORMATION		
Parent Name:		
Child Name(s):		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	Mobile:
Email:		
BILLING INFORMATION <i>(ON FILE WITH CREDIT CARD COMPANY OR BANK)</i>		
Name As It Appears On Card:		
Address:		
City:	State:	Zip Code:
Phone :		
SERVICES BEING CHARGED FOR		
CHILD CARE TUITION		
CARD INFORMATION		
Name As It Appears On Card:		
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card #:	Exp Date:	Security Code:
BILLING SCHEDULE		
Amount To Be Charged: \$ _____	Start Date: Month:    Day:    Year:	
Recurring Debit Will Occur:    Every: __ <input type="checkbox"/> Day(s) <input type="checkbox"/> Week(s) <input type="checkbox"/> Month(s)		

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use this card for payment to Small World Too, Inc.

I hereby authorize my credit card company or bank to accept and to charge to my account for payments initiated by Small World Too, Inc. under the terms specified above. This authorization allows Small World Too, Inc. to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing. Small World Too, Inc. is authorized to charge, refund/credit account, including tax and/or other charges occurred in conjunction with payments made with above mentioned credit cards.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_