**Tadpole Academy LLC**
1238 N. Walnut Street
Wilmington, DE 19801
302-658-2141

# Credit Card Authorization Form

Schedule your payment to be deducted from your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started

I authorize Tadpole Academy, to initiate credit and/or debit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Tadpole Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable the Friday before the week of service. Tadpole Academy requires a one week notice before terminating childcare services. If the required termination notice is not given, you will still be responsible for the regular childcare fees for that week. If payments are unsuccessful, late fees and/or suspensions can and will take place.

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**Please complete the information below:**

I _____ authorize Tadpole Academy LLC to charge my credit and/or debit card
(Full Name)

indicated below for my balance due and/or weekly amount due for the upcoming week for

_____.
(Child or Children's Names)

Billing Address _____ Phone# _____

_____

City, State, Zip _____ Email _____

**Credit Card**

☐ Visa ☐ MasterCard

☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Cardholder Zip code _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tadpole Academy LLC in writing of any changes in my account information or termination of this credit 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 may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.