

Authority to draw preauthorized credits

Draft start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of the Month to run card\_\_\_\_\_\_\_\_\_\_\_\_

Split Payment \_\_\_\_\_\_ no

If yes dates to run card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Charge – child care (please print child name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as shown on card (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address – Number and street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Expiration date \_\_\_\_\_\_\_\_\_\_\_ CVC Code (three digit code on back) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* (please check) I agree to a $35 charge per month as a convenience fee

I request and authorize Grandma’s Place Child Care Centers to make charges by electronic funds transfer to my charge card listed above for enrollment and program fees or late fees if applicable. It is understood that your sending of a preauthorized charge card as payment becomes due shall constitute valid notice of such payment due. When the charge is honored the charge shall constitute my receipt for payment. Should any preauthorized payment not be honored, then it is understood that a redraft will be made at your earliest convenience and a service fee will be assessed for each redraft.

This authority will remain in effect until Grandma’s Place Child Care has received written notification from me of its termination

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of card holder Date