

Big Dreams Preschool and Kindergarten

28570 N El Mirage Rd Ste 101

Peoria AZ 85383

(623) 374 - 6856

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient
- Your payment is always on time

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Debit or Credit Card Visa, MasterCard, or Discover card. You will be charged the amount indicated below each billing period. A receipt will be emailed to you and each charge will appear on your 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.

Please complete the information below:

I _____ authorize BIG DREAMS LLC to charge my debit/credit card
(full name)

indicated below for \$ _____ on the 5th of each month for payment of my
(day or date)

_____.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover Debit Credit Card

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business 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 may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Returned checks or Credit Card Decline are charged a NSF fee of \$35.00.