



# Recurring Billing Authorization Form

## PARENT INFORMATION

Parent Name:

Child Name(s):

Email:

## BILLING INFORMATION (ON FILE WITH CREDIT CARD COMPANY OR BANK)

Name As It Appears On Card:

Address:

City: State: Zip:

Phone:

## SERVICES BEING CHARGED FOR

Child Care Tuition

## CARD INFORMATION

Name As It Appears On Card:

Card #: Exp Date: Security Code:

Debit Card  Credit Card Card Company:  Visa  Mastercard  Discover  Amex

I understand that there is no fee for cash/ check/ debit card payments and a 3.5% fee will apply to all credit card transactions.

## BILLING SCHEDULE

Your Weekly Tuition: \$ Start Date:

Payment Schedule:  Weekly  Biweekly  Monthly  Other:

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.

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