

# DREAM Co. A+

## Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information

Customer Name: \_\_\_\_\_ Name of Child(ren): \_\_\_\_\_ Phone (include area code): \_\_\_\_\_

Please enter your email address if you would like a receipt mailed to you:  
 \_\_\_\_\_

### Payment Information

I authorize DREAM Co. to automatically bill the card listed below as specified:

Monthly Amount: \$ _____ <i>(Credit card will be billed on the first school day of the billing period)</i>	Billing Periods: <ul style="list-style-type: none"> <li>• August</li> <li>• September</li> <li>• October</li> <li>• November</li> <li>• December/January</li> <li>• February</li> <li>• March</li> <li>• April</li> <li>• May</li> </ul>
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Start billing month of: _____ <small>(Month and Year)</small>	End billing: <i>(check one)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> After the period: _____ <small>(Month and Year)</small></li> <li><input type="checkbox"/> At the end of the current school year</li> </ul>
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### Credit Card Information

Credit card type: <i>(Check one)</i> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>	
Credit Card Account Number: _____	
Credit Card Expiration Date: _____	CSV 3 Digit Code: _____
Name: <i>(as it appears on credit card)</i> _____	
Signature: _____	Date: _____

### Credit Card Billing Address

Street Address: _____	
City: _____	
State: _____	Zip/Postal Code: _____