



grandma's place
Child Development Center

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 child** 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