

Credit Card Authorization Form

Child(ren's) Name(s): _____

Name on Card: _____

Card Number: _____

CV Code: _____ Expiration Date: _____

Choose One: weekly monthly

I _____, hereby authorize Discovery Kids Learning Center, Inc. to charge my credit card for the purposes of payments under the terms identified on this form.

I know that recurring payments **will be** taken out of my account the first Friday of the month for monthly payments, and every Friday for weekly payments. I understand that if my card is declined I will be given one opportunity to make a payment by another means. If the subsequent payment is declined I understand that I will be held to the late payment consequences outlined in the family handbook, including late payment fees and/or possible termination of enrollment.

I know that it is my responsibility to inform the office of any changes to my credit card information in a preemptive manner. I understand that failure to provide correct information and any subsequent lack of payment could result in late fees and/or possible termination of enrollment. I know that the existence of this form does not indemnify me from late payment fees and/or possible termination of enrollment.

Printed Name of Cardholder

Signature of Cardholder

Date (mm/dd/yyyy)