

Immanuel's Childcare Card Authorization Form



Recurring Payment Authorization Form

Today's Date: _____

Name of Parent / Guardian: _____

Child (ren) Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone #: _____

Amount to be charged monthly (**on the 15th of each month**): \$ _____

Effective Date: _____ for the month of _____

Account Type: Visa Master Card Amex Discover Debit only

Card Holder Name (as is appears on the card) _____

Credit / Debit Card Number: _____

Expiration Date: ____ / ____ Security Code **3 or 4 digits**: _____

I give authorization to Immanuel's Childcare Center Accounting Department to charge my tuition bill directly to the credit / debit card listed above.

Card Holder's Signature

Date

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I understand that this authorization will remain in effect until I cancel it **in writing**. I agree to notify Immanuel's Childcare Center in writing of any changes to 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. I certify that I am an authorized user of this credit / debit card and will not dispute these scheduled transactions with my bank or Credit Card Company so long as the transactions correspond to the terms indicated in this authorization form.

_____ _____
Card Holder's Signature Date

_____ _____ _____
IC Childcare Admin Staff's Name Initial's Date

To be completed by ICC Accounting Department
Name of Staff Member: _____
Date Received: _____
Date Processed: _____