



Credit Card Permission Form

I hereby give my permission for the Early Learning Program to charge my credit card according to the following schedule:

4w \_\_\_\_\_

EACH WEEK (FRIDAY)

1<sup>st</sup> OF EVERY MONTH 5w \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ Tuition Breakdown \_\_\_\_\_

This charge is for tuition for my child \_\_\_\_\_.

I understand that if I pay for a full month, I will receive a 5% discount.

The information to charge my card is as follows:

Circle one:

VISA

MASTERCARD

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3-digit code on back \_\_\_\_\_

Zip code \_\_\_\_\_

Name printed on card: \_\_\_\_\_

Cardholder's Daytime Phone Number: \_\_\_\_\_

By signing this agreement, I acknowledge that the Early Learning Program will charge my card as stated above unless I notify them of a different payment arrangement at least 2 days prior to the scheduled charge date. Should my card be declined, I understand that I am responsible for all fees involved as well as paying for that week's amount in cash ONLY.

Cardholder's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_