Credit/Debit Card Reoccurring Authorization Form

I, _____ wish to authorize A Child's Garden to charge

$_____**(plus 2% transaction fee**) for tuition.

To be charged on the _____ (select between 1ˢᵗ-10ᵗʰ) of every month for the current monthly tuition for the current school year.

Child's Name(s) _____

Name on card: _____

Billing Address: _____

Name/Phone#: _____

Name/Email to send receipt: _____

Credit Card #: _____

Expiration Date: _____

CCV: _____

By signing below, I agree to all terms listed:

Tuition is due no later than the 10ᵗʰ of every month. Autopay for reoccurring payments are only for one school year and do not cover the deposit(s) and or other fees/charges other than monthly tuition. It is the responsibility of the card holder to inform ACG of any changes to the account and take full responsibility for any fees incurred for failed transactions.

_____

Print Name   Signature   Date