



Reoccurring Credit/Debit Card 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 Street Address: _____

City: _____ State _____ Zip Code _____

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