

Account Payment Authorization Form

Check One (1) and Enter You	r Details				
□ Recurring Charge-Youauth charged the amount indicated and the charge will appear or provided unless the date or a prior to the payment being contact.	d below each billing p n your credit card or b mount changes, in w	period. A re pank staten	ceipt for ea	ach payment will be gree that no prior-n	provided to you otification will be
1		auth	orize Piccoli	i Bambini Preschoo	l to charge
(Full Name)					
my Credit Card below for \$			of e	each month.	
This payment is for	mount)	(Day)		r	procehool tuition
(Child's Nan				P	rescribor tuition.
☐ One (1) Time Charge – Significant of the Charge of the	it card listed below. e us permission to del sion for a single trans credits to your accou	bit your acc saction only	count for th y, and does	e amount indicated not provide authori	on or after the ization for any
(Full Name)	u for C	0.10			
bank account indicated belov	v for Ş (Amount)		ate)	_•	
This payment is for	, ,	•	,	_ for the payment o	f the following:
(Child's Na				• •	<u> </u>
Security Deposit I Preschool	Tuition I Administra	ntive Fee: _			
(Circle all that apply)			(ie: annual reg	gistration, annual materi	al, Before/After Care)

Checking/Savings Account Billing Information

Billing Address: (Street)	(C:1)	(State)	(Zip Code)
(Street) Email:	Phone:		
Name on Account:			
Bank Name:			
Bank Account Number:			
Bank Routing Number:			
Bank City and State:			
Credit Card Billing Information			
Billing Address:			
(Street)	(City) (State) (Zip (
Email Account type:VisaMaster CardAMEXDiscover			
Cardholder Name:			
Expiration Date:/			
(Month) (Year) CVV2 (3 digits on the back of Visa, MC, 4 on the front of A	AMFX):		
*There is a convenience fee of \$35.00 for payments made payments made with personal or business checks at no large payments made with personal or business checks at no large payments made with personal or business checks at no large payment that this authorization will remain in effect use as the second that the payments may be executed on the neaccount, I understand that because these are electronic traccount as soon as the above noted periodic transaction of Non-Sufficient Funds (NSF) I understand that the merchas charge again within 30 days, and agree to an additional \$ the grace-period deadline, which will be initiated as a seppayment. I acknowledge that the origination of transaction U.S. law. I certify that I am an authorized user of this cred transactions with my bank or credit card company; so long indicated in this authorization form.	extra charge. ntil I cancel it in writing, and I ant information or termination or ted payment dates fall on a week business day. For debits to cansactions, these funds may be dates. In the case of an Transaction attempts 550.00 late fee charge for paymorarate transaction from the authors to my account must comply it card and will not dispute these	gree to not f this autho eekend or h my checkin e withdraw ction being t to process eents proces orized recu with the pr	ify Piccoli rization at oliday, I g/savings n from my rejected fo s the ssed after urring rovisions of
SIGNATURE:	DATF:		