



AUTHORIZATION FOR AUTOMATIC BILLING

Kiddy Kollege uses Tuition Express to process automatic tuition payments. This form gives Kiddy Kollege the authorization for automatic tuition billing through the Tuition Express Merchant. Parents may choose either a Credit/Debit Card or a Checking or Savings Account for their auto billing account.

To Complete:

Complete Customer Information and Payment Information sections below and sign and date form. Be sure to use accurate email address, this is where your receipts will be sent to. Upon approval, we will automatically bill your Credit/Debit Card or Banking Account for the amount indicated and your charges will appear on your monthly statement. You may cancel this automatic billing authorization at any time by requesting such in writing.

CUSTOMER INFORMATION (completed by parent)			
Parent – Guardian Name: _____			
Address: _____	City: _____	ST: _____	ZIP: _____
Account Number (if applicable): _____			
Email Address: _____	Phone: _____		

PAYMENT DETAIL (completed by center)			
I authorize <u>Kiddy Kollege Child Care Center</u> to automatically bill the card or account listed <u>weekly</u> as specified for child care services for the following children:			
Name: _____	DOB: _____	Rate: \$ _____	
Name: _____	DOB: _____	Rate: \$ _____	
Name: _____	DOB: _____	Rate: \$ _____	
Name: _____	DOB: _____	Rate: \$ _____	
Total Recurring Payment: \$ _____ + Any other accrued fees including but not limited to: late, overtime, activity, & termination notification			
Start On: _____ / _____ / _____ <i>All recurring payments will end upon termination of child care unless indicated otherwise in writing</i>			
<input type="checkbox"/> I authorize <u>Kiddy Kollege Child Care Center</u> to bill my one-time \$50.00 Enrollment Fee using the payment information below.			
<input type="checkbox"/> I authorize <u>Kiddy Kollege Child Care Center</u> to bill my one-time <u>Non-ACH and/or Hold Deposit</u> using the payment information below.			

PAYMENT INFORMATION (completed by parent)			
<input type="checkbox"/> CREDIT/DEBIT CARD			
Card Type (Check One)	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard
Name on Card (Cardholder): _____	Billing Zip Code: _____		
Card Number: _____	Expiration (MM/YY): _____	3-digit Code _____ (CVV)	
-OR-			
<input type="checkbox"/> ELECTRONIC CHECK (e-check) – <i>A Voided Check or Deposit Slip must be attached for Checking Account</i>			
Name on Account (Account holder): _____			
Bank Name: _____			
Routing Number (9-digits): _____			
Account Number: _____			
<input type="checkbox"/> Notify me via email when my credit/debit card or checking account is charged. <i>**Make sure email address above is correct**</i>			

Customer Signature _____

Date _____