



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. 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: _____

Email Address: _____ Phone: _____

REGISTRATION PAYMENT DETAIL (completed by parent – check all that apply)
If nothing is checked the default position will be to charge what is due per our center policy

I authorize Kiddy Kollege LLC to bill my one-time **\$60.00** Family **Child Care** Enrollment Fee using the payment information below.

I authorize Kiddy Kollege LLC to bill my **\$35.00 + \$10.00 for each additional child** for new families or **\$10.00 for each child** for returning families registration fee for **School Age Spring Break/Summer Care** using the payment information below.

I authorize Kiddy Kollege Child Care Center to bill my one-time Non-ACH and/or Hold Deposit using the payment information below.

Pre-Registration is NOT complete until we have registration fees processed. If you opt to pay them by check this may delay the registration process. Once families are registered, payments may be made online at www.MyProcare.com

WEEKLY PAYMENT DETAIL (completed by center)

I authorize Kiddy Kollege Child Care Center to automatically bill the card or account listed weekly as specified for child care services for the following children:

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: _____ / _____ / _____ *All recurring payments will end upon termination of child care unless indicated otherwise in writing*

PAYMENT INFORMATION (completed by parent)

CREDIT/DEBIT CARD

Name on Card (Cardholder): _____ Billing Zip Code: _____

Card Number: _____ Expiration (MM/YY): _____ 3-digit Code _____ (CVV)

-OR-

ELECTRONIC CHECK (e-check) – *A Voided Check or Deposit Slip must be attached for Checking Account*

Name on Account (Account holder): _____

Bank Name: _____

Routing Number (9-digits): _____

Account Number: _____

Receipts/Statements are available as needed at www.MyProcare.com

Customer Signature _____

Date _____