

RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit / Debit Card

Complete and return this form to:



Roots and Wings Learning Center
210 Commerce Lake Drive
Saint Augustine, FL 32095
(904) 940-9410

CREDIT / DEBIT CARD PAYMENT AUTHORIZATION

I authorize Roots and Wings Learning Center, to initiate recurring credit or debit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Roots and Wings Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Roots and Wings Learning Center to use a third party sender to process all payments.

Cardholder Name:	Phone:	
Children Names (if applicable): <i>Please enter children names if the cardholder's last name is different.</i>		
Cardholder Billing Address:		
City:	State:	ZIP Code:
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account Number:	Expiration Date:	
Signature:	Date:	
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORD		

NOTE: Automatic withdrawal will be done on Mondays on a weekly basis. A \$25.00 fee may be charged in case of insufficient funds. This agreement will remain in effect until Roots and Wings receives a written notice of cancellation.