

# CREDIT CARD AGREEMENT

SCHOOL YEAR PROGRAM

// PLEASE PRINT

## CARDHOLDER INFORMATION

STUDENT NAME(S) \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

// STREET

// CITY

// STATE

// ZIP CODE

CARD TYPE // CIRCLE ONE



CREDIT CARD # \_\_\_\_\_

EXPIRATION \_\_\_\_\_

// MONTH

// YEAR

// CVC / 3-DIGIT SECURITY ON BACK OF CARD

## // PLEASE COMPLETE THE INFORMATION FOR RECURRING PAYMENT

I \_\_\_\_\_ authorize North Arlington School Age Child Care to charge my credit card  
// FULL NAME

indicated above on the 1st day of each month for payment of my child's tuition.

## AUTHORIZATION

// ALL FIELDS REQUIRED

SIGNATURE OF CARDHOLDER \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

I understand that a \$50 fee will be incurred for each occurrence, if my above authorized credit card is declined or rejected for any reason. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, provided the transactions correspond to the terms indicated in this authorization form.