

# Neshaminy Kids Club

## Monthly Payment Authorization Form

To have monthly payments automatically charged to your credit card, complete the following:

Student's Name: \_\_\_\_\_

Center Name: \_\_\_\_\_

I/We hereby authorize Neshaminy Kids Club to charge my credit card, described below, for the full monthly tuition due, including any deposit amount due. I understand that such monthly charges will be initiated on the first business day of the month. This authorization will remain in full force and effect until I have provided written notification to Neshaminy Kids club of its termination or until the end of the school year 2011-2012.

Name of Credit Card: VISA\_\_\_ MasterCard\_\_\_ Discover\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you want a receipt sent to you? Yes\_\_\_ No\_\_\_

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Cardholder Signature

Date

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For Office Use Only

Sept\_\_\_ Dec\_\_\_ March\_\_\_  
Oct\_\_\_ Jan\_\_\_ April\_\_\_  
Nov\_\_\_ Feb\_\_\_ May/June\_\_\_