Recurring Payment Form

Little Friends Nursery School

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

( a receipt will be emailed to this address after each transaction is processed)

Credit Card Type: Visa Mastercard Discover

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

Security Code:\_\_\_\_\_\_\_\_\_ (this is a three or four digit code on the back of the card)

Expiration Date: \_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: 18 month 2 year 3 year 4 year Pre K

I hereby authorize Little Friends Nursery School to charge my child’s monthly tuition to the above credit card on the first of each month, with the final month being May. I understand that I may stop these payments at any time with a written request at least five days prior to the first of the month. I acknowledge that I will be charged an additional $3.00 convenience fee on top of my regular monthly tuition.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Please seal you completed form in an envelope and place in the locked Little Friends Black tuition box.

This form will be immediately shredded upon entering all information into the virtual terminal. No credit card info will be stored at Little Friends.