



CREDIT/DEBIT CARD AUTHORIZATION

Use this form to authorize Little Acorns to post monthly charges to your credit or debit card for payment of tuition and fees. The authorization can be cancelled at any time.

Name of child(ren) in care: _____

I hereby authorize Little Acorns Early Learning Center to initiate a transaction on my credit/debit card to pay for child care services, as described below:

Monthly charge of \$_____ for tuition, **plus any fees accrued (for field trips, extra days of care, etc.)**
Tuition and fees to be charged on the first of each month from _____ to _____.
starting month/year ending month/year

Monthly charge of \$_____ for tuition **only**, charged on the first of each month from _____ to _____.
starting month/year ending month/year

One-time charge of \$_____ for tuition or fees.

Card type: (circle one) VISA MasterCard AmEx

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____/____
(month/year)

Credit Card VIN#: _____
(3-digit number on back of card)

We also need: Billing address---number only: _____ and ZIP code: _____
(These are required when the credit card is not present)

Print Name on Credit Card: _____

Authorized signature: _____

OFFICE USE:

Date	Amount charged	Initials	Date	Amount charged	Initials
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	