

Kid's Hideout

3309 Springhill Rd
Lafayette, CA 94549
925-283-7808

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled monthly charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. You will receive your monthly statement at least 3 days prior to the payment being collected. You agree to contact me by the 24th if you dispute the amount listed to give me the opportunity to research and correct the fees if incorrect, otherwise, the total amount listed on your statement will be processed on the 25th. If you fail to contact me by the 24th and the fees listed are incorrect, a credit will be placed on your account and the fees for the following month will be adjusted. **You can cancel this authorization with written notice. See disclosure below signature line.*

Please complete the information below:

Student(s) _____ Regular Monthly fees (family total) \$ _____

I _____ authorize **Kid's Hideout** to charge my credit card
(full name)

indicated below on the **25th** of each month for payment of our **child care services** for the upcoming month of care.

Beginning on: _____ / _____ / _____ Ending on: April / 25th / 2020 .
Month Day Year Month Day Year

I understand that I will receive a monthly invoice around the 20th of each month. Our August fees will be pro-rated based on our contracted days between August 21st and 31st. The statement will be delivered electronically by July 20th and the fees will be collected on July 25th. Our June fees will be pro-rated based on our contracted days between June 1st and the last day of school. Our June statement will be delivered electronically by May 20th and fees will be collected on May 25th.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Declined card fee: \$20.

Account Type: Visa MasterCard Amex Discover Other _____

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

* I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing or the "end date" listed above has been reached, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.