



AUTOMATIC CREDIT / DEBIT CARD DEDUCTIONS

Client's Name _____ Child's Name _____ Room _____

Client's Address _____ City _____ Zip _____

Client's e-mail address _____

"I authorize the Imagine Nation Early Learning Center to make a single charge or automatic deductions from my Credit/Debit card for payments." **Signature:** _____

Automatic charges are for the weekly tuition or monthly tuition. Please check only 1 choice:

- ☐ Monthly (last Friday of the month prior to the month of service; may be 4 or 5 weeks of tuition)
- ☐ Weekly (each Friday prior to the week of service)
- ☐ As a one-time charge in the amount of \$ _____. Reason: _____

CREDIT CARD info: Please check one: MasterCard _____ Visa _____

Card holder's name (as it appears on the credit/debit card) _____

Credit/Debit card number: _____ - _____ - _____ - _____

Credit/Debit card expiration date: _____ 3-digit security code (on back of card) _____

Billing address: (house # and street name) _____

City _____ State _____ Zip Code _____ Phone Number _____

Card Holder's signature _____ Date: _____

Please note: If your credit/debit card is declined 3 times, you will be required to pay your child's tuition ASAP by money order. **Card payments are processed automatically on Friday mornings (prior to the week/month of service excluding holidays which will be processed on the next business day).** Your bank **may not** post it to your account until a later date, so please make sure your funds are available as **we are not responsible for bank fees and overdraft fees.**

This authorization form expires 8/31/2021

PLEASE RETURN TO: INMELC offices, 1 Pleasant St., Bristol CT 06010