



Enrichment Educational Experiences

# CREDIT CARD AUTHORIZATION FORM

The tuition can be paid in full, one payment for each semester, or **11 equal payments** that are due on the 1<sup>st</sup> day (or next business day) of each of the following months: August, September, October, November, December, January, February, March, April, May and June. ***Each month's payment will be exactly the same regardless of your child's attendance or school holiday schedule.*** I further understand that there is an administrative processing fee for any payment returned by your bank or credit card. The monthly payment will be: \$\_\_\_\_\_. *\*(To be filled out by Administrative Office).* A 10% sibling discount is given to each additional sibling.

We accept Visa or MasterCard.

- ♦ If you need to change the credit card on file, **you must complete a new CC Authorization form by the 20<sup>th</sup> of the month.** We cannot accept credit card information over the phone.
- ♦ You must notify our office if your child is no longer attending the program **before the 20<sup>th</sup> of the month.** If you fail to do so, and your credit card is charged, no refunds will be given.
- ♦ **Listing a secondary account number is required.**
- ♦ **If the primary credit card is declined, the secondary card on file will be charged.** Should both cards decline, cash, check or money order will be required.
- ♦ **WE ARE NOT RESPONSIBLE FOR BANK CHARGES DUE TO A DECLINE OR OVERDRAFT.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

## Primary Account

Name (as it appears on credit card): \_\_\_\_\_

**CC Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Visa® ☐ MasterCard®

## Secondary Account

Name (as it appears on credit card): \_\_\_\_\_

**CC Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Visa® ☐ MasterCard®

## PROGRAM OPTIONS (Please check appropriate box(es):

### After-School Enrichment Program

☐ 5 DAYS ☐ 4 DAYS ☐ 3 DAYS ☐ 2 DAYS ☐ 1 DAY

☐ M ☐ T ☐ W ☐ TH ☐ F

☐ Drop-In Care (As needed basis)

Check here if splitting tuition with another party: ☐ Name: \_\_\_\_\_

Please charge the tuition: ☐ Monthly ☐ 2 Payments (Aug & Jan) ☐ One Payment for the Year  
*(Monthly payments will be charged to your account between the 1<sup>st</sup> - 5<sup>th</sup> of every month).*

I hereby authorize Enrichment Educational Experiences/E3 to charge my credit card account as of the 1<sup>st</sup> of every month for the tuition payment for my child's participation in the program. All dates and rates are subject to change.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_