



Enrichment Educational Experiences

# CREDIT CARD AUTHORIZATION FORM

The tuition can be paid in full, one payment for each semester, or **10 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 and May. **Each month's payment will be exactly the same regardless of your child's attendance or school holiday schedule.** June tuition will be charged at a weekly rate depending on your child's 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):

<b>After-School Enrichment Program</b>	
<input type="checkbox"/> 5 DAYS	<input type="checkbox"/> 4 DAYS <input type="checkbox"/> 3 DAYS <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 1 DAY
<input type="checkbox"/> M	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

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: \_\_\_\_\_