

Dear Parent,

To take advantage of automatic payment, please complete the following information and sign as indicated.

AUTOMATIC PAYMENT AUTHORIZATION

I, \_\_\_\_\_ (PARENT) authorize The Learning Tree Early learning Center to charge my credit/debit card listed below for the dollar amount and frequency specified for services rendered.

My card may be used for fees on a ( ) Weekly, ( ) Bi-Weekly, ( ) Monthly basis or ( ) scheduled payments of: \$ \_\_\_\_\_ as follows: \_\_\_\_\_

Card Type: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

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