

Credit card Authorization Form

Student name: _____

Payment Authorized \$ _____ Credit card 3% fee will be added

Signature _____ Date _____

Credit cards payments will have a 3% fee added to the payment amount.

MDOW can directly charge your credit card for payments. Please complete section below for first time use or to make account changes and return to MDOW.

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENT

I (we) hereby authorize Mother's Day Out of Westchester, Inc., hereinafter called COMPANY, to initiate payment entries from my (our) the credit card indicated below.

Type of card: _____

Card holder Name: _____

Account Number _____

Expiration date mm/yyyy _____ CVD code _____

Billing Address (if different from mailing address)

Street address _____ zip code _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Printed Name(s) _____

Signed _____ date _____

If you wish to setup your payment account over the phone please email mdowpreschool@yahoo.com and we will contact you.

After your payment account information is on file, future payments can be made using the payment form found on the website or by sending an email to mdowpreschool@yahoo.com. You will need your child's student ID. The ID number is located on the confirmation letter.