



Childs Name: _____

Parent / Guardians name: _____

2024 Summer Credit/Debit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance for your convenience.

Charge Policy

FUTURE PAYMENTS:

_____ I hereby authorize **FAM CHURCH** to charge the balance due each week.
(Initial) Payment will be processed through brightwheel by **Friday** of each week for the following week's services.

POLICIES:

_____ Payment is considered late after the **Saturday** of each week. Any balance will be charged to
(initial) the card on file. In addition, a late fee will be assessed in the amount of **\$20**.

_____ A \$250 Fee is due if you pull out your child before the end of the program (May 30th)
(initial)

_____ A \$20 fee will be applied to any failed payments on brightwheel
(initial)

_____ Payments made for services delivered by FAM KIDS CLUB are non-refundable.
(initial)

_____ In the case of retained services, any unused funds will be refunded to the card on file within
(Initial) **14** days after the scheduled week of service.

_____ Being the authorized cardholder or the Corporate Officer, by signing below I understand and
(Initial) agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card to be charged for the payment of any outstanding balances owed.

Print Name: _____

Signature: _____

Date: _____

Payment Information

(This is kept in a secured safe, and shredded each year)

Card 1:

Name on Card: _____

Billing Address: _____

Type of card (Visa, Mastercard etc.): _____

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees the performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

Card 2:

Name on Card: _____

Billing Address: _____

Type of card (Visa, Mastercard etc.): _____

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees the performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____