

### Recurring Payment Authorization Form 2021-2022

For your convenience you may now schedule your payments to be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card through Headmaster Online. Once registered, you will receive your log-in information through email. Each child must also have a secondary form of payment (credit or debit card) on file.

If you do not wish to set up recurring payments, you will still be able to pay by cash or check. However, these payments will be due in advance of your child staying for childcare on each Friday of the week prior to attendance. If your payment is not received by close of business on Monday, a late fee of \$10 will be added and the checking/savings account or credit/debit card on file will be charged on Tuesday morning. There will be no exceptions to this policy.

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Child's First & Last Name(s) \_\_\_\_\_

I choose to pay my weekly fees on Headmaster Online or set up recurring weekly payments through Headmaster Online. I understand that if these payments do not come through by close of business on Monday, then the weekly dollar amount showing due for each child will be deducted from or charged to the account indicated below on Tuesday morning.

I choose to pay my weekly fees by cash, check or credit card in advance of my child's attendance each Friday or my checking account or card indicated below will be charged on the following Tuesday. This is for services rendered and is non-refundable.

#### Checking / Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

#### Debit / Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CID (3 digit # on back of card) _____	
(There will be a \$3 convenience fee per transaction)	

This authorization is to remain in full force and effect until Government Street Baptist Child Development Center has received written notification signed by me of its termination in such manner as to afford Government Street Baptist Child Development Center and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_