



2017-2018 AUTOMATIC PAYMENT AUTHORIZATION FORM

Child's Name:

School:

I authorize the Oxford Early Learning Center to charge my credit card/checking account:

Monthly on the 1st for my balance

Weekly on Friday

I understand that the actual charge date may vary by one or two business days, due to holidays or other unforeseen billing situations. If my credit card/checking account is declined during processing, I will be contacted to arrange another form of payment. This agreement will be in effect for the 2017/2018 school year, or until I have notified the OELC's office in writing of my intent to withdraw from this automatic credit card program and/or withdraw my child from the Center with a \$0 balance. Each failed automatic payment will result in a \$25 charge.

Credit card number

Expiration date

Name on card

CVC code

Checking account # Name of bank

Routing number

Address

Zip code

Signature

Today's date

****ONLY ONE FORM REQUIRED PER FAMILY****