



### Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**

You authorize All Star Kids to regularly schedule charges on the 1<sup>st</sup> of the month for the monthly tuition to your Visa, MasterCard or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. If your billable tuition or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected. If vacation waivers are not received prior to billing, adjustments will only be made on the following billing cycle. Any additional days added will be automatically charged on the following billing cycle.

**Please complete the information below & provide a copy of the front and back of your card that you wish to use. It is your obligation to provide a replacement card 10 days prior to the upcoming month's billing cycle should the current one on file be replaced or expired etc.:**

I \_\_\_\_\_ authorize **ALL STAR KIDS ACADEMY** to charge my credit card  
(full name)

indicated below on the 1<sup>st</sup> of each month for payment of my child/children's tuition.

I understand that I will only receive advance notice if the charged amount should change.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa       MasterCard       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize ALL STAR KIDS ACADEMY to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. This payment authorization is for tuition indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.