# Elite Early Learning Center

## 701 S. Norton St

## Corunna, MI 48817

Recurring Payment Authorization Form

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Please complete the information below:

I _____ authorize Elite Early Learning Center to charge my card in the amount of _____. For childcare services provided for my child(ren) _____.

**<u>*Automatic Payments are run on Wednesdays.</u>**

Please Run My Card (Please select one)

___ Weekly

___ Bi-Weekly

___ Monthly

___ Other

If other, please explain: _____

Card Holder's Name: _____

Card Number: _____

Exp: _____ CVC: _____ Zip: _____

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Elite Early Learning Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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.