Credit Card Payment Authorization

I hereby authorize BASCOL (Before and After School Child Care on Location) to automatically, periodically charge my account for any and all fees and charges incurred by me pursuant to the FEE AND SERVICE CONTRACT (the "Contract") attached hereto and made part hereof.

1. I understand and agree that with respect to fees for services provided under the Contract, my account will be charged one week in advance of actual attendance.

2. I also understand and agree that any and all additional fees and charges under the Contract will be charged to my account as incurred, including but not limited to, additional attendance, fees for failure to provide a two week notice for a reduction of scheduled services, late charge, late pick-up, and non-sufficient funds fees.

3. I agree to provide BASCOL written notification of any changes to the information provided hereunder at least two weeks prior to the effective date of such changes.

4. In the event any payment authorized hereunder is denied by my account, I understand and agree that I will remain personally liable for the payment of any balance due to BASCOL.

5. I further understand and agree that BASCOL does not waive any available rights or remedies with respect to the collection of any balance due BASCOL pursuant to the Contract.

6. This authorization shall remain valid until BASCOL receives written notification of my termination of the Contract.

I have read and understand the terms and conditions stated above and hereby authorize BASCOL to use the following account information to obtain payment as described herein:

Child/ren's Name(s)_____ **Site**_____

BASCOL Account Holder's Name: _____

Please charge my credit card ☐ Auto-Pay Weekly ☐ One Time Payment ☐ *Other_____
on Fridays*

Charge Card Type ☐ Master Card ☐ Visa ☐ Discover

Charge Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐/☐☐ 3 Digit code on back of card: ☐☐

Name as it appears on Credit Card: _____

*What is card being charged for   Fall Registration   Summer Registration   Current Payment   Other _____

*Amount to Charge Card $ _____

Cardholder's Billing Information:

_____   _____
Print Name   *Address*

_____   _____
Phone   *City   State   Zip*

Signature: _____ **Date**: _____

*I understand that if there is a holiday on Friday, the weekly auto-pay will be processed the following Monday