



**Palm Beach Gardens**  
(A Montessori School)  
8788 N Military Trail  
Palm Beach Gardens, FL 33410  
Tel (561) 627 - 6170  
Fax (561) 627 - 6199  
LIC#50-51-03980

**Wellington**  
111 Professional Way  
Wellington, FL 33414  
Tel (561) 791 - 8558  
Fax (561) 791 - 8559  
LIC#50-51-1173543

**West Palm Beach**  
(Village Commons)  
801 Village Blvd Suite 303-304  
West Palm Beach, FL 33409  
Tel (561) 697 - 4775  
Fax (561) 697 - 4355  
LIC#50-51-1453072

**Royal Palm Beach**  
(Shoppes of Regal Centre)  
1013 N State Road 7  
Royal Palm Beach, FL 33411  
Tel (561) 790 - 9244  
Fax (561) 790 - 9345  
LIC#50-51-1566127

**Boynton Beach**  
(Meadows Square)  
4791 N Congress Ave  
Boynton Beach, FL 33426  
Tel (561) 439 - 2040  
Fax (561) 439 - 2041  
LIC#50-51-1642214

## Pre-Authorization for Recurring Payment with VISA or MasterCard

I authorize Home Away From Home Child Care Learning Center to keep my signature on file to charge my VISA or MasterCard account on an ongoing basis for the amount owed. I understand that my account will be charged for payments of scheduled tuition fees and any other outstanding fees. This transaction will be conducted on the first business day of each month throughout my child's attendance at Home Away From Home Child Care Learning Center. If the 1<sup>st</sup> falls on the weekend, the charge will be processed on the following Monday or next business day. In addition, I will be charged for registration fees, uniform purchases, or any other fees or purchases I authorized on the date due, even if the date is other than the 1<sup>st</sup> of the month.

I understand that if my credit card is declined, expired, or unable to be processed for any reason, every effort will be made to contact me at the phone number(s) I have provided to HAFH. If the payment is still unable to be processed, a \$25.00 late payment fee will be applied to any outstanding tuition or other fees. If the credit card is unable to be processed on the date due more than one time, the option to use recurring services will be forfeited and I will make other arrangements for payment.

If I choose to discontinue payments by credit card, I will notify HAFH in writing at least 7 days prior to the date the charge would be due.

Child's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Verification Number \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_