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|---|--|---|---|--|--|--|
| <input type="checkbox"/> Palm Beach Gardens
(A Montessori School)
8788 N Military Trail
Palm Beach Gardens, FL
33410 | <input type="checkbox"/> Wellington
111 Professional Way
Wellington, FL 33414 | <input type="checkbox"/> West Palm Beach
(Village Commons)
801 Village Blvd Suite 303-304
West Palm Beach, FL 33409 | <input type="checkbox"/> West Palm Beach
(Sedona Commons Shopping
Center)
8146 Okeechobee Blvd
West Palm Beach, FL 33411 | <input type="checkbox"/> Royal Palm Beach
(Shoppes of Regal Centre)
1013 N State Road 7
Royal Palm Beach, FL 33414 | <input type="checkbox"/> Boynton Beach
(Meadows Square)
3120 Hypoluxo Road
Boynton Beach, FL 33426 | <input type="checkbox"/> West Boynton Beach
(Fountains of Boynton)
6661 Boynton Beach Blvd
Boynton Beach, FL 33437 |
|---|--|---|---|--|--|--|

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 1st 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 1st 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: _____