

FLOWERS DAYCARE CENTER

"Where Children Grow"

www.flowersdaycare.com

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Recurring Credit Card Payment -Authorization Form

Print, complete, and sign this form to authorize Flowers Daycare Center to make a **recurring** debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for Flowers Daycare Center to debit payments on multiple dates, according to your documented payment arrangement schedule.

Please complete the information below:

I, _____, authorize Flowers Daycare Center to charge my credit card Account indicated below in the amount of \$_____ on or after _____ date, and to continue charging this amount every month on my due date until this authorization has been rescinded. I understand that this authorization is for daycare charges and fees.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard American Express

Cardholder Name _____

Account Number _____

Expiration Date _____

3 Digit Code _____

SIGNATURE _____

DATE _____

I authorize Flowers Daycare Center to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid on a recurring basis until I rescind this authorization in writing. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

*****AFTER COMPLETING THIS AUTHORIZATION, PLEASE RETURN TO THE ADDRESS OR EMAIL ADDRESS INDICATED AT THE TOP OF THIS FORM*****