Recurring Credit Card Payment Authorization To TLC, Inc.

You authorize weekly charges to your credit card for the appropriate classroom tuition for your student/s each Monday of the week that care is to be rendered. A receipt for each payment will be provided to you upon request and the charge will appear on your credit card statement. Monthly account statements of charges/payments are available upon request (see below). You agree that no prior-notification will be provided to run the card each week unless the amount changes due to a change in classroom status, in which case you will receive verbal and/or email notice from us prior to the payment being collected. *Note: You agree that on days that TLC, Inc. is closed due to the holidays listed in the Parent Handbook (ex. Labor Day, Memorial Day, etc.) the tuition charge will occur on the next business day.*

I _____ authorize Tendercare Learning Center, Inc. to charge my Credit Card
     (Cardholder's Name)

indicated below for the appropriate tuition due for my student/s on the Monday of each week that care is to be provided.

☐ I also give authorization to charge the monthly diaper wipes fee, as it pertains to my child/ren, in total with the weekly tuition charge the first full week of each month.

☐ I request a monthly statement of charges/payments to be emailed to me. I understand that monthly statements are sent approximately two weeks after the end of each month.

Billing Information

Billing Address _____

City, State, Zip _____ Phone # _____

Email _____

Card Details

☐ Visa   ☐ MasterCard   ☐ Discover

Cardholder Name   _____

Account/CC Number _____

Expiration Date _____ /_____   CVV _____   Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TLC, Inc. in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. If the above noted payment dates fall on a holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____   DATE _____
                   (Cardholder's Signature)