

CHILD(RENS) NAME(S) _____

Payment Authorization Form

Options for Payment:

YES, Please place me on the Orbital Auto Pay system.

NO, I DO NOT wish to be placed on the Orbital Auto Pay system and will continue to pay in person or by phone. **If you choose this option, we still must have a credit card number below to be kept on file. This is in accordance with the *Standard Business Policy* memo dated 28 Sep 06 which reads, "parents must provide a credit card number or debit card number and agree to have their card charged or account debited for late payments."**

Please complete the information below:

I _____ authorize **Orbital** to charge my credit card indicated below on the following schedule. **(Please indicate schedule below)**

Monthly for payment of my childcare fees to take place on the 1st of each month.

Bi-monthly for payment of my childcare fees to take place on the 1st and the 16th of each month.

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

SPONSOR EMAIL ADDRESS: _____

SPOUSE EMAIL ADDRESS: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

FOR OFFICE USE ONLY: Family Fee Category _____ Monthly \$ _____ Bi-monthly \$ _____