

EDUCATIONAL CHILD CARE
2055 FM 423, Little Elm, TX 75068

469-252-0555

AUTO PAY AGREEMENT

Parent Information

Name: _____

Primary Phone: _____

Address: _____

Alternate Phone: _____

Email Address: _____

Student Information

Name: _____ DOB: _____ Tuition: _____ [wk / mo] Applicable Discount: _____

Name: _____ DOB: _____ Tuition: _____ [wk / mo] Applicable Discount: _____

Name: _____ DOB: _____ Tuition: _____ [wk / mo] Applicable Discount: _____

Auto Pay Terms

Amount: \$ _____ ☐ Weekly ☐ Every Two Weeks ☐ Monthly Effective Date: _____

Billing Address

\$ _____ **Total First Payment** Parent Initials _____

Name: _____

[] Check here if same as above

Address: _____

Parent Driver's License #: _____

Parent Social Security # (Last 4 digits): _____

[] CREDIT/DEBIT CARD INFORMATION

☐ **BANK DRAFT**

Card Type: _____

Bank Name: _____

Card Number (Last 4 digits): _____

Account Number (Last 4 digits): _____

Exp. Date: _____ Security Code: _____

Routing Number (Last 4 digits): _____

AUTHORIZATION for RECURRING CHARGES: By signing this agreement, I hereby authorize Kiddie Academy of Little Elm to electronically debit my credit/debit card or my bank account as indicated for tuition, fees, and services for the amount and frequency listed above and due in accordance with the Kiddie Academy Enrollment Agreement. I understand that if the debit is returned unpaid I may be charged a \$38.00 NSF penalty for the returned item. I hereby assert that I am either the rightful or legal owner of the above account or I am a duly authorized signer on the account with the power to authorize these transactions. In authorizing this payment I have read and understood the terms and conditions of this agreement.

Parent Signature: _____ Date: _____

CANCELLATION / REFUND TERMS & CONDITIONS: The specific charges to my credit/debit card or bank account authorized herein may only post on or after the Effective Date listed above. This authorization is to remain in full force and effect until Kiddie Academy of Little Elm has received written notification of termination from me directly at the address and phone number listed above. Should you need to notify us of your intent to refund a payment, please contact us during business hours Monday-Friday 9:00am-5:00pm at (469) 252-0555 or at littleelm@kiddieacademy.net, up to 14 business days after the questioned debit.

Parent Signature: _____ Date: _____

Kiddie Academy of Little Elm Witness: _____ Date: _____

ACCOUNT VERIFICATION

Card Number :

Account Number:

Exp. Date: _____ Security Code: _____

Bank Routing Number:
