



KIDDIE ACADEMY
 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

Name: _____ \$ _____ **Total First Payment** Parent Initials _____
 Address: _____ [] **Check here if same as above**
 _____ Parent Driver's License #: _____
 _____ Parent Social Security # (Last 4 digits): _____

[] **CREDIT/DEBIT CARD INFORMATION**

Card Type: _____
 Card Number (Last 4 digits): _____
 Exp. Date: _____ Security Code: _____

[] **BANK DRAFT**

Bank Name: _____
 Account Number (Last 4 digits): _____
 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: _____

