

I,,	give permission to Little Trea	sures Early C	Childhood Center to
Buyer Name charge my card for the following ser			
			-
used for the services provided. There	will be a 3% fee for credit/debit	t cards or a \$1.	.00 fee for ACH bank
accounts that is charged by the billing	g company for each transaction.	You may choo	ose to have your card
and bank account on file or just a card	on file. It is required to have a	card on file. If	f payment is declined
th	e payment will be reprocessed.		
Child's Name	Buyer Email	Buyer Email Services Provided	
All Fields Required			
Card Information			
Card Type ☐ MasterCard			
☐ Discover		Name On Card	
□ VISA			
☐ American Express		Card Number	
☐ Other			
	Expiration Date	CVC	Billing Zip Code
ACH Information			
Bank Name:	Name On Account:		
Routing Number:	Account Number:		
Bining / Iddiessi_			
Recurring Payment Info	ormation		
Card Will Be Charged Every:			
□ Week			
☐ Month			
Charges Will Be Made On:		mount Of: _	
I have thoroughly read through the	terms of agreement.	ent provided	and understand the
Customer Signature:		Date:	