



Authorization of Recurring Payments For School Year ____ - ____

Please fill out a separate form for each child

We will bill on the fourth (4th) of each month, or on the nearest business day if the fourth falls on a Saturday or Sunday. If for any reason we are unable to bill according to this schedule, we will alert you promptly. Thank you for enrolling your child in the Washington DCJCC Preschool.

Please bring your credit card or a voided/unsigned check to the Member Services Office to complete this information.

Child's Name			
Amount to Charge			
Name of person responsible for payment			
For Credit Card Payments			
Name on Card			
Card Number			
Card Expiration			
Security Code		Card Type	
For Electronic Funds Transfers (from a bank account)			
Name on account			
Financial institution		Checking or Savings?	
ABA check routing number		Account number	

I hereby grant the Washington DC JCC Preschool permission to charge the above amount to the above credit card every month for the duration of the school. I understand that I may cancel this payment plan at any time.

Card/Accountholder's Signature Date

Office Use Only:

_____ entered cancelled on _____