

**Charge Card Authorization Form**

**I hereby authorize Solid Foundations Academy, LLC to charge my credit card as follows:**

(Please “X” which box applies to you.)

**REQUIRED:** A Visa, Mastercard or Discover Card is required to be kept on file. However, I would like to pay my tuition **as agreed** with **cash or check**. I understand that if I do not pay as agreed in my ***Preschool Tuition Agreement/Child Care Financial Agreement***, my charge card on file will be charged, and I WILL ALSO BE CHARGED A 3.5% PROCESSING FEE (per transaction). All checks are to be made out to Solid Foundations Academy, LLC.

**REQUIRED:** A Visa, Mastercard or Discover Card is required to be kept on file. I request to have my tuition paid on **AUTO-PAY** with my credit card on file. I understand that my credit card will be charged as agreed in my ***Preschool Tuition Agreement/Child Care Financial Agreement*** plus A 3.5% PROCESSING FEE (per transaction). I understand that this charge may be processed on a weekend day.

S**\*Credit Card Information\***

**(PLEASE PRINT CLEARLY)**

**Please Circle**: Visa Mastercard Discover Card

**Card Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Holder’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_\_\_\_\_\_\_**

**Card Holder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that Solid Foundations Academy, LLC will charge my account for the tuition amount as designated by the terms above. I understand that these payments will be processed as per agreed in the ***Preschool Tuition Agreement/Child Care Financial Agreement***. I also understand that if I fail to pay my child’s tuition/child care payment on time or unenroll as agreed, my credit card on file will be charged and the processing fee will be applied. I acknowledge that I have read the *Preschool Parent Handbook/Child Care Parent Handbook* and that I fully understand the charges that may be applied to my credit card on file. All personal credit card information given to Solid Foundations Academy, LLC will be kept in a secure location and will only be available to the Owner or Director. ***YOU MUST HAVE A VALID CURRENT CREDIT CARD ON FILE FOR YOUR CHILD TO ATTEND SOLID FOUNDATIONS ACADEMY, LLC. I AGREE TO UPDATE MY CREDIT CARD INFORMATION AS NECESSARY.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_