

2009-2010 SCHOOL YEAR

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

MONTECITO PRESCHOOL, INC
1468 Grant Road
Los Altos, CA 94024
Main Phone: (650) 968-5957 Fax: (650) 968-2052

If you would like to enjoy the convenience of automatic billing for any portion of the 2009-2010 school year (September through June), simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

I (we) hereby authorize MONTECITO PRESCHOOL, INC., hereinafter called MONTECITO, to automatically bill the card listed below as specified:

AMOUNT OF MONTHLY PAYMENT/TUITION: \$ _____

START AUTOMATIC BILLING ON: _____ (Date)

CREDIT CARD TYPE: _____ ACCOUNT NUMBER _____

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____ ZIP CODE: _____

This authorization is to remain in full force and effect until MONTECITO has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MONTECITO a reasonable opportunity to act on it.

PARENT(S) SIGNATURE(S) _____ DATE _____

PARENT(S) SIGNATURE(S) _____ DATE _____

STUDENT NAME(S) _____

Office Use Only:

Room _____ Class Code _____ Monthly Tuition _____ Date Credit Begins _____