



**Afterschool Program
Recurring Credit Card Payment Authorization**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period (15th of the month: eg August 15 for September enrollment). A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Island Kids, Inc to charge my Credit Card indicated below for \$_____ on the of 15th day of each month starting on August 15th 2019 and continuing through May 15, 2020.

Billing Information

Billing Address _____ Phone # _____ City,
State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express Cardholder Name
_____ Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Island Kids in writing of any changes in my account information or termination of this authorization at least 60 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Please note that all payments are non refundable.