



# BEE MY BABY

Child Care Center & Preschool

## AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM

One time use amount \_\_\_\_\_

OR

Recurring charge amount \_\_\_\_\_ frequency \_\_\_\_\_

Charge start date(s) \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

Circle one:            Mastercard            Visa            Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_  
\_\_\_\_\_

Email (used to automatically send receipts) \_\_\_\_\_

I hereby authorize Bee My Baby Childcare and Preschool to process my credit card according to the above parameters until otherwise notified.

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