



Excellence in Early Childhood Education

### ACH or Credit Card Payment Authorization Form

Please sign and complete this form to authorize Marquette Learning Center, Inc. to electronically charge your account on a weekly basis, for the amount listed within your child care agreement on file.

For direct withdrawal from checking or savings account, please complete the following:

Bank Name:

Routing Number:

Account Number:

Circle One:                      Checking                      Savings

For charges to a credit card, please complete the following:

Cardholder Name:

Credit Card Number:

Expiration Date:

CVV code (on back of card):

Billing Address:

City, State, Zip:

I authorize the above-named business to charge the bank account or credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this bank account or credit card and that I will not dispute the payment with my bank or credit card company, so long as the transaction corresponds to the terms indicated in the child care agreement. I understand that this authorization will remain in full force and effect until I notify Marquette Learning Center, Inc. in writing that I wish to revoke this authorization. I understand that Marquette Learning Center, Inc. requires at least 30 days prior notice in order to cancel this authorization.

PRINTED NAME

SIGNATURE

DATE