

Family Name: _____



Authorization for Debit/Credit Card Withdrawal

for The Bilingual Child Academy Auto-Billing on Reoccurring Payments

I, _____ authorize The Bilingual Child Academy (BCA) to withdraw funds, using this card, to fulfill my financial obligations with said school. If for any reason this card is no longer active, it is my obligation to inform BCA in order to make new financial arrangements prior to tuition/fees due date.

The Bilingual Child Academy will not share your information with any other party. This information is for our records and will remain confidential with your child's file. We will only use this card to withdraw funds for tuition payments and fees as per your current balance and tuition schedule.

Name on Card: _____

Address: _____ City _____ Zip Code: _____

_____ Visa _____ Master Card _____ Discover

Number: _____ - _____ - _____ - _____ Exp. Date: _____

CVC Verification Code: _____ (3 digit number on your card)

Signature: _____