



Jewish Discovery Center

7587 Central Parke Blvd., Mason, OH 45040, Tel. 513.234.0777

CREDIT CARD RECURRING TRANSACTION PAYMENT AUTHORIZATION

CHAI TOTS EARLY CHILDHOOD CENTER

I, _____, authorize The Jewish Discovery Center to charge my credit card listed below starting on _____ and on the _____ of each month following through _____ for the amount of \$ _____ for Chai Tots Tuition. My credit card information is as follows:

Card type (circle): Visa Mastercard American Express

Card Number: _____

Exp Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

This payment authorization is valid and to remain in effect unless I, _____, notify The Jewish Discovery Center of its cancellation by sending written notice to The Jewish Discovery Center, in accordance with the guidelines in the Chai Tots ECC Parent Handbook.

Signature	Date
Print Name	

E-CHECK RECURRING TRANSACTION PAYMENT AUTHORIZATION

CHAI TOTS EARLY CHILDHOOD CENTER

I, _____, authorize The Jewish Discovery Center to charge my checking/savings account starting on _____ and on the _____ of each month following through _____ for the amount of \$_____ for Chai Tots Tuition. My account information is as follows:

Bank Name: _____

Bank ABA Routing Number: _____

Bank Account Type: _____
checking, business checking, savings

Bank Account Number: _____

Name on Bank Account: _____

This payment authorization is valid and to remain in effect unless I, _____, notify The Jewish Discovery Center of its cancellation by sending written notice to The Jewish Discovery Center, in accordance with the guidelines in the Chai Tots ECC Parent Handbook.

Signature	Date
Print Name	