

Credit Card Information:

Name on card: _____
(first) (middle) (last)

Street Address: _____ Apt: _____
City: _____ State: _____ Zip code: _____

Email address: _____

Card used: _____

Card number: _____ CVV: _____ Exp: _____

Bounced payments:

Account type: checking account (attach voided check) savings account (attach bank letter)

Name of bank: _____

Account number: _____ Routing number: _____

I authorize Mini Miracles to charge my _____ each month a total amount of \$_____ for my child's monthly tuition. I understand that if my payment is bounced, late or declined I will be charged an additional fee of \$25.00. This authority will remain in effect until I give written notification (signed by both provider and parent) of at least 14 days prior to the withdrawal date to terminate this authorization. I authorize Mini Miracles to charge my _____ immediately for additional fees listed in the fees policy (ex: late/early pickup, attendance issues, etc.).

Signature of Parent/Guardian: _____ Date: _____

Signature of Daycare Provider: _____ Date: _____