



Automatic Credit Card Billing Authorization Form

If you would like to utilize the convenience of automatic credit card billing, complete the information section below and sign the form. All information is required. We will automatically bill your credit card for the amount and timing indicated by you. Your total charge will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting the accounting office.

Today's Date: _____

Customer Information:

Last Name

First Name

Billing Address:

Payment Information:

I authorize New Fairfield Bright Beginnings to automatically bill the card listed below as specified:

Card type: _____ Card Number: _____

Expiration Date: ____/____/____

Name as it appears on card: _____

Amount: \$ _____

Frequency: Weekly Bi-Weekly Monthly

Begin Billing on: ____/____/____

End Billing on: ____/____/____

I AUTHORIZE N.F. BRIGHT BEGINNINGS TO CHARGE ANY OUTSTANDING BALANCE AND APPLICABLE LATE FEES TO MY CREDIT CARD NOTED ABOVE.

Customer signature

____/____/____

Date