Mother's Day Out at Southwinds Recurring Payment Authorization Form

City, State, Zip Code:_____



Please fill out one form per child. Tuition for two days a week is \$180/month and one day a week is \$110 a month. There is a non-refundable registration fee of \$75 and non-refundable \$40 supply fee due with first months tuition upon acceptance into the program.

You will be charged the monthly tuition on the first day of each month as well as a \$40 supply fee for the second semester on January 1st. Please indicate below if you would like to use a credit card or bank account for automatic withdrawal.

Upon leaving the program written notice is due 2 weeks in advance and tuition will be not be prorated for an incomplete month.

There is a 10% sibling discount for each student that attends the two day program for monthly tuition only.

Please complete the information below:

I, ______ authorize **Mother's Day Out at Southwinds**to charge my credit card or bank account indicated below for \$______ on the 1st day of each month as well as an initial registration fee of \$75 and a supply fee of \$40 upon acceptance into the program as well as the start of the second semester on January 1st.

Billing Address:_____

Phone Number:______ Email:_____

Please choose either checking/savings or credit/debit.

Checking/Savings Account

Checking Savings
Name on Account:
Bank Name:
Account Number:
Routing Number:

Routing Number	Acco	ount N	umber	
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Credit/[Debit	Card:
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Name on Card:	
Card Number:	
Expiration mm/yy:	CVC: