



Complete and return this form before your child's 1st day of attendance:

Multilingual Academy Director

915 Harvey Road

College Station, TX 77840

979-704-5099

CREDIT CARD PAYMENT AUTHORIZATION
(Please Print)

I authorize Multilingual Academy to initiate credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments if I fail to submit a check or cash payment by the 3rd day of each month. I understand that I must update my credit card information as needed to be able to maintain a current method of payment. I authorize Multilingual Academy to withdraw sufficient funds to pay my child's/children's regular tuition, as well as any charges incurred such as food, materials, late pick-up fees, and returned check fees. **ecting**

Cardholder Name:		Phone:	
Children Names (if applicable):			
<i>Please enter children names if the cardholder's last name is different.</i>			
Cardholder Billing Address:			
City:		State:	ZIP Code:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover			
Account Number:		Expiration Date:	
Signature:		Date:	
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS			