

96 Pond Road
Hinesburg, VT 05461
(802) 482-2525
sambrook@annettespreschool.com
andrea@annettespreschool.com



Automatic Billing Authorization form

I authorize you to charge my bill directly to credit/debit card(s) below

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit Card (Street Apt #)

Billing Address for credit Card (Street Apt #)

_____/_____/_____
City State Zip

_____/_____/_____
City State Zip

_____/_____
Credit Card Number Expiration Date of Card

_____/_____
Credit Card Number Expiration Date of Card

_____/_____
Signature Today's Date

_____/_____
Signature Today's Date

- . Bill all charges to the above card(s). Since the payment amount ay vary. I will receive written notification of the amount And date of the next charge prior to each scheduled transaction date.
- . This authorization is valid until I provide you with written cancellation.

Children's Name(s) _____

Your E-mail Address :
