



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

CREDIT CARD AUTO PAY

Little Dippers Learning Center offers the option to pay your bill automatically with your credit card. (MasterCard or Visa only). This application must be filled out completely in order to qualify. We will pre-authorize your credit card to insure that it is valid. **All information will be kept confidential.**

There will be a 4% processing fee added to your bill to cover fees and costs.

Name on credit card: _____

Credit card billing address (be sure to include zip code):

Type (visa and mastercard only): _____

Credit card #: _____

Expiration date: _____ CVV (3 digits on back): _____

The billing period ends on the last day of the month, with bills distributed no later than the 5th of each month. Your card will be automatically processed on the 10th of each month. Your credit card statement should show a charge from the Skagway Child Care Council.

_____ Please charge my credit card for all monthly child care bills (with added 4% processing fee).

I have read and agree to the following above policy and procedures.

Parent/Guardian Signature

Date