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 ensure 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): _____

Your card will be automatically processed on the first day of the billing cycle. 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