



Dear Parent/Guardians,

Please use this Credit Card Payment Authorization form if you would like to have your credit card charged automatically each month for your child's monthly preschool tuition. The first payment will be charged upon receipt of the form, the following payments will be charged on the **15th** of each month through **May 2021**. If you have any questions, please contact me at (440)350-2563 x 722 or by email at jdowd@escwr.org.

Completed forms may be mailed to The Educational Service Centers of the Western Reserve, Attn: Jessica Dowd, 8221 Auburn Road, Painesville, OH, 44077 or faxed to 440-352-6066.

Sincerely,

Jessica Dowd

Billing Specialist

Credit Card Payment Authorization
(Please Print Clearly)

Date: _____	Student Name: _____
Preschool Attending: _____	
Card Holder's Name: _____	
Billing address: _____	
City: _____	Zip Code: _____
Phone Number: _____	
Card Type (circle one): Mastercard Visa Discover	
Card #: _____	
Expiration Date: _____	3 Digit Security # (on back of card): _____
Monthly Amount to be charged: _____	
Signature: _____	