



Play Centers, Inc. / Play and Learn
"Your First Choice for Quality Child Care"



AUTOMATIC PAYMENT AGREEMENT

ELEMENTARY Location(s): _____

Child/Children: _____

Type of card: (Please check only one.) **VISA** **MasterCard** **Discover** **AMEX**

What type of VISA or MasterCard? (Please check only one.) **Debit** **Credit** **Prepaid** **FLEX**

Card # : _____ **Expiration:** ____ / ____
MM / YY

Name as it appears on the card: _____
(Please print.)

CID: _____ (For VISA/MasterCard/Discover, the last 3 digits on the back of card in signature line:
For AMEX, 4 digits above card #.)

Please provide the Billing Address for the credit card provided:

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature on card: _____ **Today's Date:** ____ / ____ / ____

Monthly Tuition: \$_____._____ **Effective Date:** ____ / ____ / ____
(Note: Monthly tuition will be charged on the 15th calendar day of each month.)

-OR-

Drop-in Care
(Note: The card will be charged in the event drop-in care is not paid for at the center on the day service is provided.)

THE ENROLLMENT FEE AND DEPOSIT WHICH ARE DUE AT TIME OF REGISTRATION WILL BE CHARGED UPON RECEIPT OF THE CONTRACT. ANY UNPAID SERVICES SUCH AS ADDITIONAL DAYS, DROP-INS, ADDITIONAL SERVICES, OR LATE PICK-UP FEES WILL ALSO BE CHARGED TO THE CREDIT CARD SPECIFIED IN THIS AGREEMENT. PLAY CENTERS WILL CONTINUE TO CHARGE AUTOMATICALLY UNTIL NOTIFIED, IN WRITING, TO CANCEL OR UPDATE THIS AGREEMENT.

Questions? Contact the AR Department at 410.296.4880.
Administrative Office • 2414 East Joppa Road Parkville, Maryland 21234-2922
Tax ID: 52-1259566 • Fax: 410.296.6153 • Web: www.playcenters.org