



Payeezy Payment Agreement

A Child's Way preferred method of payment is auto-billed by credit/debit card either monthly or weekly. The date and the amount are set, and continuous until otherwise notified. Any additional days to your child's regular schedule will be billed that day.

I _____, the parent/guardian
of _____ (child/children)
agree to pay the amount of \$ _____

___ I give A Child's Way permission to keep my credit card number on file.

___ I give A Child's Way permission to run my credit card on a **monthly** basis auto-debited on the 3rd of every month.

___ I give A Child's Way permission to run my credit card on a **weekly** basis auto-debited the Monday of that week.

___ There are no credits, refunds for absences.

Returned payments (insufficient funds or credit card denial) are subject to a \$25 returned payment bank fee and a \$25 late fee.

Name as shown on card (please print) _____

Signed _____ Date _____

Visa _____ Mastercard _____ Amex _____

Credit Card Number _____

Expiration Date _____

Security Code # _____ Billing Zip Code _____

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