



**Dexter Community Schools**  
Dexter Community Education  
3060 Kensington Street  
Dexter, Michigan 48130

**Monthly Statement**  
**CREDIT/DEBIT CARD AUTHORIZATION**  
**(School Year 2015-2016)**

Dexter Community Schools accepts payment for services rendered by check, cash or credit card for families enrolled in our programs. If you are interested in our automatic payment plan, please complete this form and return to our office.

I \_\_\_\_\_, give Dexter Community Schools Child Care Services the authorization to bill my credit card for the monthly childcare charges for my child, \_\_\_\_\_ at \_\_\_\_\_ Center.

The transaction will occur on or after the 15<sup>th</sup> of every month that my child is enrolled in the program. The amount charged to your account will be the amount that is agreed to according to your child(s) schedule. After processing the charge on the 15<sup>th</sup> of the month, the customer copy of the credit slip will be attached to your statement and mailed to the address on file.

If I withdraw my child from the program before the end of the school year, I will fill out a schedule change form. This will stop payments being charged to my credit card for future months.

*I understand this authorization is only in effect for the 2015-2016 school year. I will need to fill out a new authorization form each school year.*

I also understand that any questions that I have about the bill should be addressed with the Secretary or Assistant Director by the 12<sup>th</sup> of the month.

Name: \_\_\_\_\_ (as it appears on the card)

Account #: \_\_\_\_\_ CVV#: \_\_\_\_\_ (3 digit # found on back of card)

Expiration Date: \_\_\_\_\_ (MM/YY)

Signature: \_\_\_\_\_

Information will be kept in a locked and secured area and shredded upon termination of services.