

God's Little Children Preschool Auto-Payment Form

Family Name _____ Date _____

Auto Payment Amount _____

*I authorize God's Little Children (GLC) to automatically charge my credit card for my child's tuition. _____ (please initial). Weekly Monthly Quarterly (please circle one)

MC/VISA/AMEX (circle one) CARD # _____

V-Code _____ Exp. Date _____

Student Name _____

Address _____

Phone # _____ Signature _____

Registration Fee _____ Security Deposit _____

W/e 8/24/18	11/23	3/1	5/31
8/31	11/30	3/8	6/7
9/7	12/7	3/15	6/14
9/14	12/14	3/22	6/21
9/21	12/21	3/29	6/28
9/28	12/28	4/5	7/5 no payment
10/5	1/4/19	4/12	7/12
10/12	1/11	4/19	7/19
10/19	1/18	4/26	7/26
10/26	1/25	5/3	8/2
11/2	2/1	5/10	8/9
11/9	2/8	5/17	8/16
11/16	2/15	5/24	8/23
11/23	2/22		

Monthly

Sept.	Oct.	Nov.	Dec.
Jan.	Feb.	Mar.	Apr.
May	June	July	Aug.

Quarterly

Quarter #1	Quarter #2
Quarter #3	Quarter #4