



Play Centers, Inc.

1517 York Road Lutherville, Maryland 21093-5611

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AUTOMATIC PAYMENT AGREEMENT FOR THE _____ - _____ SCHOOL YEAR REGISTRATION CONTRACT

Center Location(s): _____ Child/Children: _____

Type of credit card: VISA MasterCard Discover AMEX (Please circle one.)

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____

Name as it appears on 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 detail the Billing Address for the credit card provided:

Address: _____

City: _____ State: _____ Zip Code: _____

Do you need a monthly receipt? Yes / No (Please circle one.)

Signature: _____

Today's Date: _____ / _____ / _____

ALL TUITION FOR THE SCHOOL YEAR WILL BE CHARGED TO YOUR CREDIT CARD ON THE 1ST DAY OF EACH MONTH.

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.

FOR AR USE ONLY	Application Fee	Deposit	Payment #1	Credit New Tuition Additional Tuition	Credit New Tuition Additional Tuition	Credit New Tuition Additional Tuition	Credit New Tuition Additional Tuition	Credit New Tuition Additional Tuition	Credit New Tuition Additional Tuition
Amount Charged									
Batch #									
Date Charged/Posted									
AR Initials									