

Delaware Technical Community College
Child Development Center
21179 College Drive
Georgetown, DE 19947
O: 302-259-6567
F: 302-259-6570

RECURRING PAYMENT AUTHORIZATION FORM

Complete and return this form to the DTCC-Owens Child Development Center

I, _____, hereby authorize the **DTCC Owens Campus Child Development Center ("CDC")**

PLEASE PRINT

to automatically charge my credit/debit card on file to pay my child care tuition account balance. Bi-weekly payments will begin on _____ and continue for unlimited cycles while my child(ren) listed below is/are enrolled at the CDC.

Child(ren) Name(s): (1) _____ (2) _____ (3) _____

- I understand that this authorization will remain in effect until the CDC receives written notification from me requesting termination of the agreement. Written notification must be received 2 weeks prior to the next recurring transaction date.
- I understand that it is my responsibility to provide the CDC with updated credit/debit card information for expired or account number changes two weeks prior to the next recurring transaction date.
- I understand that all CDC payment policies are applicable.
- I understand that I am responsible for reviewing all payment timelines and procedures as set forth in the CDC's Parent Handbook.

By signing my name below, I certify that I have read and understand this recurring payment authorization form and that I agree to all of the terms and conditions set forth herein.

Authorized Signature

Date