



**Belvedere Tiburon Child Care Center**  
 1185 Tiburon Blvd. Tiburon, CA 94920  
 Office/ Reed Site: (415) 435-4366 FAX: (415) 435-0943  
 Bel Aire Site: (415) 381-2243  
 btccc@btccc.org

## CREDIT CARD CHARGE AUTHORIZATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name	Child/ Children	Address

I the undersigned do hereby elect to pay child care/ summer camp charges incurred at the Belvedere Tiburon Child Care Center (BTCCC) by credit card from the date of this agreement until such time as I may elect to return to cash or check payment arrangement.

In making this election, I do hereby authorize the Belvedere Tiburon Child Care Center to charge the total monthly charges each month to the credit card charge account identified below. In making this authorization, I represent that this charge account will be maintained in such a manner as to be available for these charges on the first day of each month and agree to pay the total amount of these charges in accordance with the card issuer agreement.

If the charge account identified below is classified as community property under California law, then I warrant that this use of a community asset has been authorized by both members of the community and monthly charges assigned to this account will be honored by the community regardless of the marital status of the parties of the community.

I agree to notify the BTCCC immediately of any changes in the status of the charge account identified below. **I further agree that in the event we decide to return to cash/check payment arrangement, we will provide the BTCCC with 30 days written notice of our intention to do so.**

Credit card payments are intended for continuing monthly charges at the beginning of each month. It is not meant for one time use or to beat the tuition deadline.

If a third party other than the parents will be paying for tuition with a credit card, the parent is responsible for communicating with credit card holder regarding any problems with tuition payments.

**PLEASE DO NOT EMAIL FORM FOR SECURITY PURPOSES.  
 MAIL THIS FORM WITH APPLICATION.**

Circle one:            Mastercard                                  Visa

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

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ (Month/Year)

Authorized signature: \_\_\_\_\_