



Child's Name: _____

I, _____, authorize Magical Adventures Learning Center to charge the account below the weekly tuition amount of \$_____ on Monday morning for the current week. I, further, understand if the card is declined, my card will be charged daily until the tuition is collected. In addition to the regular tuition, I understand if my card is declined, I will be charged an additional \$15 for late payment fees for the current week. If payment is still not collected into future weeks, I understand there will be a late payment fee of \$5 a day until payment is collected and charge attempts will continue daily until tuition is collected. Any payments collected will be credited to the most recent tuition charges.

If there is a change to this I will call first thing Monday morning with an alternate payment.

Comments:

Signature as on card

Card Number

Expiration Date

Billing Address Number

Billing Zip Code

57 Highway T
Foristell, MO 63348
636-463-2979
636-673-2977 (fax)
admin@magicaladventures.net