



Step By Step Inc.
 Early Care and Education
 Alton ~ Brighton ~ Bethalto

Recurring Payment Authorization

You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Step By Step Inc. to charge my Bank Account
 (Cardholder's Name)
 or Credit Card indicated below for \$ _____ on or after the _____
 of each _____. (Amount \$) (day)
 (week, month, etc.)

Billing Information Account Holder Name: _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Account Details

Visa MasterCard Discover Bank Account

Credit Card Details:

Credit Card Number: _____

Expiration Date: ____ / ____

CVV: ____

Zip Code: _____

Bank Details:

Routing Number: _____

Account Number: _____

Bank Name: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Step By Step Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of the transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this account and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I understand that I can access my account information online at anytime by visiting MyProcure.com.

SIGNATURE _____

(Cardholder's Signature)

DATE _____