



2022 Direct Credit/Debit Payment Form

Child's Name: _____

Please choose one of the following options:

Weekly Tuition Amount to be Debited: _____

Bi-Weekly Tuition Amount to be Debited: _____

Monthly Tuition Amount to be Debited: _____

Name on Card: _____ Card Type: _____

Card Number: _____ Expiration: _____

CVC Code: _____ Billing Zip Code: _____

Signature: _____ Date effective: _____

Cards are run on Fridays unless alternate day requested below:

Please be advised that all payments are processed in advance of the week care is to be provided-I.E. Payments must be made NO LATER than the Friday before the week in which care is needed. This is to secure continued care for the following week, no exceptions)

We are accepting alternate tuition payments in cash or checks. These payments must be made prior to Thursday at 5pm, if you do not wish your card to be run the next day on Friday.

By completing and signing this form, you understand that you are authorizing The Cuddle Zone Learning Center to process this payment at the tuition rate listed above until you revoke this permission in writing.

445 Allentown Drive * Allentown, PA 18109 * 610 434-2644 * cuddlezone@ptd.net

* fax 610 434-3005