

## Automatic Recurring Payment Agreement - Billing Information

Customer Information or Primary Contact for Corporate Purchasers

Parent Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Billing Information**    Check Here if Same as Above

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Credit Card Information:

Card Type:  VISA  MasterCard  AMEX  Discover

Card Number

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Payment Authorization: I hereby authorize KCCC to charge the indicated credit card or bank account. I agree that this is a reoccurring charge that will be made as set forth in this Agreement. If the above noted payment date(s) fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that this authorization will remain in effect until all debt I owe KCCC is fully discharged or I cancel it in writing whichever comes first, and I agree to notify KCCC in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. I certify that I am an authorized user of this credit / debit card bank account and that I will not dispute the payments with my credit /debit card company or bank; so long as the transaction corresponds to the terms indicated in this Agreement and my contract with KCCC. I guarantee and warrant that I am the legal cardholder for this credit /debit card or bank account and that I am legally authorized to enter into this recurring payment agreement with KCCC.

Signature \_\_\_\_\_