

TOWN OF LITTLETON
Department of Parks, Recreation & Community Education
33 Shattuck Street PO Box 934
Littleton, MA 01460

TASK Credit Card Recurring Payment Authorization Form

Why We Decided to Require Recurring Payments:

- It's convenient for everyone; saves you time and postage and staff time on our end associated with invoicing and collections.
- Your payment is always on time even if you're out of town, eliminating all late charges.
- There is no interruption in care for your child as your payment is scheduled and received in a timely fashion.

How T.A.S.K.'s Recurring Payment Plan Works:

You authorize the regularly scheduled charges to your Visa, MasterCard or Discover card on this form. The charge depends on the number of days you wish for your child(ren) to attend the program each month. You will be charged each billing period for the total amount due for that period; this charge is initiated on the 1st of each month. A receipt will be emailed to you and the charge will appear on your credit card statement as "Town of Littleton." **You may cancel your enrollment in the program and not incur any additional monthly fees if your cancellation is received, in writing, by the 15th of the month.**

Please complete the information below:

I _____ authorize Town of Littleton, PRCE Dept. to charge my credit card
(full name)

indicated below on the 1st (working) day of each Month for payment of my Teen Afterschool Klub (T.A.S.K.)

I understand that I will only receive an additional charge for ½ day/early release trips or activities

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC & Discover) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.