



Dear Parent/Guardian:

Please complete this form in order to allow ABC Preschool to use a credit or debit card for billing purposes throughout the school year. You may update or change the card at any time. If you would like to set up automatic tuition payments please indicate below.

Please enroll this card in automatic payments for tuition installments: YES NO

Installment Calendar

#	Bill Date	Due Date
1	7/15/26	8/1/26
2	9/15/26	10/1/26
3	10/15/26	11/1/26
4	11/15/26	12/1/26
5	12/15/26	1/1/27
6	1/15/27	2/1/27
7	2/15/27	3/1/27
8	3/15/27	4/1/27
9	4/15/27	5/1/27
10	5/15/27	6/1/27

For billing questions please contact Becky Johnson, (781)648-1617 x217, or bjohnson@abgclub.org

By signing I authorize the card listed below to be used by ABC Preschool for tuition and other billing purposes. This authorization expires June 30th.

Name: _____ Billing Zip Code: _____

Credit/Debit Card #: _____

Expiration Date: _____ CVV number: _____

Signature

Date