



## Credit Card Authorization Form

For  
Reoccurring Debits / Payments

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### AUTHORIZATION TERMS

**Allowed Charges:** Summer

I authorize a recurring charges against my credit or debit card or bank account as listed below in the amount agreed upon in the signed Early Education and or Extended Care contracts for the stated term below.

**Term:** 6 Months from start date as outlined on Agreement Form

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration date (m/y): \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ELECTRONIC FUNDS TRANSFER

Bank/Credit Union Name: \_\_\_\_\_

Bank/ Credit Union Address: \_\_\_\_\_

Bank Account Type:  Checking  Savings  Business Checking

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization sheet will be kept on file for 1 month past the end of the term listed above. This form will be shredded after the 1 month period has passed.