

CREDIT CARD AUTHORIZATION

Parent/Guardian Name: _____

Child's name: _____

Address: _____

Daytime phone: _____ Daytime e-mail: _____

I give permission for YWCA Hartford Region to charge my credit card for the following authorized tuition and/or fee charges. I have checked and/or filled in the appropriate spaces below.

One time charge ***only*** of \$ _____ on (date) _____

Membership fee of \$35.00(Annual) Registration fee of \$50 (New Family Only)

Deposit fee of \$50.00 (Annual) One time tuition and/or fee\$ _____

<u>Before/After Kidslink Program & Bolton Nursery School Program</u>	<u>Early Learning Programs</u>
Tuition of \$ _____ to be charged on the 20 th of the month prior to services rendered: <input type="checkbox"/> Sept 2016 (8/20) <input type="checkbox"/> Feb 2017(1/20) <input type="checkbox"/> Oct 2016 (9/20) <input type="checkbox"/> March 2017 (2/20) <input type="checkbox"/> Nov 2016 (10/20) <input type="checkbox"/> April 2017 (3/20) <input type="checkbox"/> Dec 2016 (11/20) <input type="checkbox"/> May 2017 (4/20) <input type="checkbox"/> Jan 2017 (12/20/16) <input type="checkbox"/> June 2017 (5/20)	Tuition of \$ _____ to be charged weekly each Friday for the upcoming week of care. I would like charges to STOP billing on this card on (date) _____.

Name exactly as it appears on the card: _____

Circle one: MC, VISA, AMEX, Discover- Card Number: _____ Exp. Date: _____

PLEASE NOTE THAT CHARGES TO YOUR ACCOUNT FOR RECURRING CREDIT CARD TRANSACTIONS MAY OCCUR AT ANY TIME ON THE DESIGNATED PAYMENT DATE(S). If the credit card is declined, a \$25 fee will be charged.

Print Name

Signature

Date: _____