PLEASE WRITE LEGIBLY



PROCARE ACCOUNTID:

CREDIT CARD AUTHORIZATION FORM

CENTER #:

One Time I	Payment:
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	CARDHOLD (As written		CREDIT CARD #			EXP. DATE	DATE TO CHARGE	\$ AMOUNT	
			-	-	-	1		\$	
			-	-	-	1		\$	
•			, give perr	nission fo	r TenderCar	e Childrer	's Center	to charge m	
redit/o e char	debit card to	be credited to meter the designate	ny TenderCa	are childc	are account.	I understa	and that m	y card will	
	ling this, I agr n's Centers.	ee to the use of	the credit c	ard infor	mation that	I have sup	plied to Te	nderCare	
Cardholder Signature:					Date:				
utoma	atic/Recurrin	ıg Payments:							
_									
Т		DHOLDER NAME s written on card)		CREDIT	CARD#	EXP	EXP. DATE \$ AMOUNT		
			-	-	-		/ \$		
			_	_	-		/ \$		
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edit/a		be credited to m derstand that m	_						
		zerstariu titat m	y card will t	e charge		THE DESIG	naieu uan		
each		_							
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