PROCARE ACCOUNT ID:

CREDIT CARD AUTHORIZATION FORM

CENTER #:

One Time Payment:

TYPE	CARDHOLDER NAME (As written on card)	CREDIT CARD #			EXP. DATE	DATE TO CHARGE	$ AMOUNT
		–	–	–	/		$
		–	–	–	/		$

I, _____, give permission for TenderCare Children's Center to charge my credit/debit card to be credited to my TenderCare childcare account. I understand that my card will be charged on or after the designated date.

By signing this, I agree to the use of the credit card information that I have supplied to TenderCare Children's Centers.

Cardholder Signature: _____ Date: _____

- -

Automatic/Recurring Payments:

TYPE	CARDHOLDER NAME (As written on card)	CREDIT CARD #			EXP. DATE	$ AMOUNT
		–	–	–	/	$
		–	–	–	/	$

I, _____, give permission for TenderCare Children's Center to charge my credit/debit card to be credited to my TenderCare childcare account on the _____ day of each month. I understand that my card will be charged on or after the designated date.

By signing this, I agree to the use of the credit card information that I have supplied to TenderCare Children's Centers.

Cardholder Signature: _____ Date: _____

- -

Required:

Email for Receipt		Phone #	

EMAILED:
DATE & TIME: _____
INITIALS: _____

Credit/Debit Card Billing Address

STREET ADDRESS
CITY, STATE, ZIP CODE