

Please write legibly

PROCARE ACCOUNT ID:

Credit Card Authorization

I, _____, give permission for TenderCare Children's Centers to charge my credit/debit card on file on the _____ day of each month, for the dollar amount of _____, to be credited to my TenderCare account. By signing this statement, I agree to the use of the credit card information that I have supplied to TenderCare Children's Centers.

Signature of Cardholder

Date

Type of Card	Cardholder's Name (As written on card)	Credit Card #	Exp. Date	Date to Charge	\$ Amount to Charge
		- - -	/		
		- - -	/		

Email for Receipt _____

Contact Phone _____

Credit/Debit Card Billing Address	Street Address
	City, State, Zip Code

- ONE TIME PAYMENT
- RECURRING PAYMENT
- KEEP ON FILE FOR FUTURE USE

CENTER #:

EMAIL or FAX
Date & Time: _____
Initials: _____