

## PAYMENT AUTHORIZATION FORM **APPLICANT CREDIT CARD INFORMATION** Exact Name Shown on Card \_\_\_\_\_ Credit Card Billing Address State Zip Phone \_\_\_\_\_ MasterCard Discover Visa American Express If you prefer to pay with cash or check, payment for ECL must be made on or PRIOR to each ECL session. Thank you! Check Cash Cedit Card Number **Expiration Date** Security Code Monthly Amount to Charge

Date

(only necessary for monthly charges, i.e. ECL)

Signature

I hearby authorize Free Time Kids Playcare, Inc. to charge the card above and to keep this

card on file. I understand that I can revoke this authorization at any time.