

PAYMENT AUTHORIZATION FORM

APPLICANT CREDIT CARD INFORMATION

Exact Name Shown on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Discover

MasterCard

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!

Cash

Check

Credit Card Number

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Expiration Date

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Security Code

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Monthly Amount to Charge

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

I hereby 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_