



For Credit Card Authorization, complete and return to center management

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ PBKW LTD _____ called "center" in this authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments that are not settled by Friday at 5:00PM. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) authorize CENTER to utilize Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

CARDHOLDER NAME

PHONE NUMBER

CARDHOLDER BILLING ADDRESS

CARD NUMBER

CITY STATE ZIP

EXPIRATION DATE CVV

CARDHOLDER SIGNATURE

DATE

ADDITIONAL OPTION BANK ACCOUNT PAYMENT INFORMATION

ACCOUNT HOLDER NAME

PHONE NUMBER

CHECKING

SAVINGS

ACCOUNT NUMBER

ROUTING NUMBER

ACCOUNT HOLDER SIGNATURE

DATE

<p>For Official Use Only:</p> <p>Date Received: _____</p> <p>Office Signature: _____</p>
