

Automatic Payment Processing

SAFE- CONVENIENT- EASY

(Credit/Debit Cards)

I (we) hereby authorize the AISD 3RD Base Child Care Program to initiate recurring credit card charges to the below referenced credit/debit card account. *To properly affect the cancellation of this agreement, I (we) am (are) required to give 10 days' written notice. I (we) also understand it is my (our) responsibility to keep this information updated and if for some reason the following card is declined, a \$25 Declined Draft Fee charge will be added to the account.*



Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Card #: _____ Exp. Date: _____ Card Type: _____
(Visa, MasterCard, Discover)

Please Choose one of the following:

Monthly (Please draft card on the 1st business day of each month for my full monthly payment.)

Bimonthly (Please split my monthly payment in half and draft my card on the 1st business day of every month and on the 15th of every month.)

Card Holder Signature: _____ Date: _____

Student Name(s): _____

Campus: _____



<p>Office Use Only:</p> <p>Date Entered into Procure: _____</p> <p>Initials: _____</p>

