



SUMMER CAMP
CREDIT CARD AUTHORIZATION FORM
New and Change of Payment Schedule

Please print clearly.

CHILD (REN) NAME(S): \_\_\_\_\_

FDK CAMP [ ]

SCHOOL AGE CAMP [ ]



WEEKS 1 – 5, JUNE 16, 2020 \$ \_\_\_\_\_

WEEKS 6 – 9, JULY 6, 2020 \$ \_\_\_\_\_

[ ] I currently have a credit card on file with YCD Please ensure credit card information on file is current

[ ] This is a new credit card request Please complete below and call in full card number

For correction or new credit card:

Cardholder Name: \_\_\_\_\_ (exact name as it appears on credit card)

Credit Card Type: Visa [ ] Mastercard [ ] Email for receipt: \_\_\_\_\_

Credit Card Number's last four digits only\*: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy)

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Please call head office to provide your complete credit card number for processing, 905-830-1888, Joy Vance, Executive Director. \* This is for card identification purposes only

I authorize York Child Development & Family Services Inc. (YCD) to charge my credit card, as provided, for child care services as per my care requirements and in accordance with the current YCD Child Care fee schedule. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. For privacy purposes, I understand my full credit card information is not kept on file at the Centre or YCD head office. I will be required to present the credit card in person or provide the number over the phone.

I certify that all information above is complete and accurate.

CARDHOLDER – Print Name, sign and date below:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_
(please print name to sign)

Office Use only:

Reviewed: Current CC on file for (current program): \_\_\_\_\_

Registered weeks 1,2,3,4,5,6,7,8,9 (circle) WL weeks 1,2,3,4,5,6,7,8,9 (circle)