



York Child Development & Family Services Inc.

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____ (Exact name as it appears on credit card)

Credit Card Type: _____ Visa _____ Mastercard

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

* this is for card identification purposes only

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

Email address for receipt: _____

Child's/Children's names: _____

BEV BERNIER BOGART CROSSLAND NOTRE DAME STONEHAVEN

(Please select appropriate boxes):

TODDLER

PRESCHOOL

KINDERGARTEN AM PM AM & PM

SCHOOL AGE AM PM AM & PM

CAMP FDK SA

Fee per child: \$ _____

Monthly Amount will be: \$ _____ From _____ to _____
(start date) (end date)

RECURRING PAYMENT

Please bill my credit card MONTHLY for the services provided by YCD

Note: Single/one off payments will be by the cardholder by handing the card directly to the supervisor or by providing the number over the phone.

AUTHORIZATION

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. Charges will occur on the 1st of each month.

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: _____ Dated: _____

Signed: _____

For office use only

Reviewed by: _____

Date: _____