

JBLE Child and Youth Programs

Credit Card Payment Authorization Form

You can make one time payments or schedule recurring payments to be automatically charged to your credit card.

All individuals utilizing Child Development and Youth Programs are required to provide a credit/debit card number or bank authorization on their program application and agree to have the card charged or account debited for the child(ren) participating in these programs. If the parent fails to make payment, the credit, or debit card will automatically be charged as follows.

- a. Child Development Center/School Age Care: third business day after the 1st & 15th of each month.
- b. School Age Care Summer Camp: second business day of each week.
- c. SKIES Unlimited: third Monday of each month.

Please complete the information below:

I _____ authorize Joint Base Langley-Eustis (Eustis) Child and Youth Programs
(FULL NAME)
to charge my credit card as indicated below:

Payment Amount: \$ _____

CIRCLE ALL THAT APPLY

Recurring Payments

One-Time-Payments

Billing Address _____

Phone # _____

City, State, Zip _____

Email _____

Account Type: _____ Visa _____ MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/ MasterCard) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signature _____

Date _____