



Child and Youth Programs Flight Payment Agreement and Credit Card Autopay Authorization

Child(ren) Last Name, First: _____

Name of Sponsor: _____

Cell Phone: _____ Duty Phone: _____

Email Address: _____

Program Site: CDC SAC Youth Programs

Program Services: (select all that apply)

- Full Day CDC Part-day Preschool Before & After
- Before School After School Instructional Class

Payment Schedule: 1st of Month 1st & 15th of Month Weekly (SAC/ PDE Only)

Would you like to enroll in Auto Pay?

Yes. By selecting yes, I understand that Chase Paymentech Orbital online system will automatically charge my card per my payment schedule. **If my payment declines, and fees not paid by 1730 on my payment schedule I will be charged an additional \$5 per day per family late fee.**

No. By selecting no, I understand that I will have to make a payment to the front desk on my payment schedule. **Fees not paid by 1730 on my payment schedule will be charged to the credit card on file. If the payment declines, I will be charged a \$5 per day per family late fee.** By selecting no, I understand that I still have to provide a credit card to be kept on file.

By signing below, I authorize the Child Development Center, School Age Care or Youth Programs to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397.
Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

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Type of Card: Club Card Master Card Visa Mastercard

Cardholder Name (as it appears on the card): _____

3 Digit CVV Code: _____ Expiration Date (MM/YY): _____ Billing Address Zip Code _____