



### 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:**     1<sup>st</sup> of Month                     1<sup>st</sup> & 15<sup>th</sup> of Month                     Weekly (SAC/ PDE Only)

**Auto Pay**

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

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 \_\_\_\_\_