



YOUTH PROGRAMS

Youth Programs

Payment Agreement and Credit Card Autopay Authorization

Child(ren) Last Name, First: _____

Name of Sponsor: _____

Cell Phone: _____ Duty Phone: _____

Email Address: _____

Program Site: Youth Programs Instructionals Youth Sports

Program Services: (select all that apply)

Auto Pay Punch Card Instructional Class

Payment Schedule: 1st of Month

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 _____