



# AUTOPAY AUTHORIZATION

## VAFB YOUTH CENTER

### Payment Schedules

**Weekly Payments:** Due by 1700 on Monday each week of care. If payment is not made, this authorization will be used to make payment on the following business day. A \$25.00 decline fee will be added if the card is declined.

### Enhanced Options

Payments will be automatically charged on the date selected below. Selecting an option does not change normal payment schedules above. Please choose one of the following options by initialing space provided:

\_\_\_\_\_ Charge my card every Monday the full amount owed that week

\_\_\_\_\_ Charge my card every 1<sup>st</sup> and 15<sup>th</sup> of the Month

\_\_\_\_\_ Charge my card every Month on the 1<sup>st</sup>

\_\_\_\_\_ Decline Enhanced options, I will make payments in person

### Autopay Authorization Information

Child's or Children's Name(s): \_\_\_\_\_

Customer Name as printed on card: \_\_\_\_\_

\_\_ Visa \_\_ MC Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Customer Phone # \_\_\_\_\_ Duty # \_\_\_\_\_

Email address: \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**I understand and agree that by signing below, I authorize the Youth Center to automatically charge my account for any balance due for services that have not been paid and that it is my responsibility to provide the center with a current and valid credit card.**

\_\_\_\_\_  
Cardholder Signature (must match name and signature on card)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date