



AYS, INC.
 4755 Kingsway Drive, Suite 300
 Indianapolis IN 46205
 Phone # (317)-283-3817
 Fax #317-283-3840

MasterCard

Visa

AUTHORIZATION FOR CREDIT/DEBITCARD PAYMENT

(Note: All spaces must be completed in order to process transactions.)

Parent/Guardian Name _____ AYS Program _____
 Child's Name _____ Program Code _____ (office use)
 Street Address _____
 City _____ State _____ Zip Code _____
 Telephone () _____ - _____ Email: _____

Name of Cardholder as it appears on the card: _____

Cardholder Street Address _____

City _____ **State** _____ **Zip Code** _____

Cardholder telephone #: () _____ - _____ **Email:** _____

To pay my child's (children's) fees for youth services provided by AYS, Inc., I hereby authorize AYS, Inc. to charge my Visa/MasterCard credit/debit card:

<u>When:</u>	<u>Amount</u>	<u>Start date</u>	<u>End date</u>
<input type="radio"/> The 1 st of each month	\$ _____	_____	_____
<input type="radio"/> The 1 st and 15 th each month	\$ _____	_____	_____
<input type="radio"/> One time	\$ _____	_____	_____

I hereby acknowledge that this card payment will continue for the agreed period or until I give AYS, Inc. a two-(2) week written notification to cease said payment.

Please check: ___ **MasterCard** ___ **Visa** ___ **Credit** ___ **Debit**

CARD NUMBER _____ - _____ - _____ - _____

Security Number _____ **Expiration Date** _____ / _____
 Month Year

Signature _____ **Date:** _____

By signing this agreement you are responsible for ensuring that funds are available for the day on which the card is processed. Payments will be charged as close to the designated date as possible. If funds are not available on the day of processing, an additional processing fee of \$25 will be added to your payment.