



AYS, INC.

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

Parent/Guardian Name _____ AYS
Program _____
Child's Name _____ Program Code _____ (office use)

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.

Revised July 2010