

AYS, INC. 4701 N. Keystone Ave., Suite 475 Indianapolis, IN 46205 Phone # (317) 283-3817 Fax # (317) 283-3840

Program Code _

(office use)

Parent/Guardian Name	

Child's Name

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.

One Time Option

Payment amount \$ _____

Payment Frequency (please choose one)

□ Monthly Option (1st of each month)

□ Weekly Option (every Friday)

If you choose the monthly option, the payment amount will vary according to the weekly school schedule. A schedule of monthly payment amounts will be emailed to you.

The charges begin			
	Month	Year	
The charges end			
C	Month	Year	

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

Card Holder Signature

Date



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize	(called "CENTER" in this Authorization) to initiate				
recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare						
related payments. I (we) understand that the charges to the below referenced credit card account will be based on						
charges that are due and payable at t	charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is					
between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to						
capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from						
any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and						
between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of						
this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business						
days is required to affect revocation.						
PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY						
CENTER.						
Cardholder Name		Phone #				
Cardiloider Name						
Cardholder Billing Address		Account Number				
City State	Zip	Expiration Date				
Cardholder Signature		Date				
*Tuition Ex	press is an assumed business name o	f Blum Investment Group, Inc.				
Ear Official Lize Orthu						

For Official Use Only:

Date Received: _____

Employee Signature:

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express[™] program.