



CREDIT CARD AUTHORIZATION

FAMILY INFORMATION

AYS Program Site:

Parent/Guardian Name:

Child's Name:

AGREEMENT

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

One Time Payment

Payment Amount: \$: _____

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

Automatic Payments

Monthly (1st of each month) Weekly (each Friday)

The charges begin: _____
Month Year

The charges end: _____
Month Year

I (we) hereby authorize AYS, Inc. (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 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.

Cardholder Name

Phone #

Cardholder Billing Address

Card Number

City State Zip

Expiration Date

Cardholder Signature

Date

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.

Tuition Express is an assumed business name of Blum Investment Group, Inc.

STAFF USE ONLY

Date Received ____/____/____

Staff Initials _____

Date Entered ____/____/____

Staff Initials _____