

## **Financial Agreement and Credit Card Authorization Form**

## Please complete one form per household.

As your childcare provider, we are excited to offer you the convenience of an automatic payment plan through *"PayTrac*". Your payment will be safely and securely processed by *"PayTrac"* on a weekly basis, giving you the peace of mind that your payment for childcare has been paid on time! It's easy to enroll and even easier to participate; please fill out the form below to get started!

Your payment will be processed on your credit card every **<u>Wednesday</u>** for the following week.

## There will be a \$50 service/late fee added if your card declines.

## **Credit Card Authorization**

Your Name (Please Print)		Phone Number		
Child(ren) Attending (Ple	Email Address			
Address		City, State & Billing Zip Code		
Credit Card Number		Expiration		3-Digit Code
Please Circle type of Cre	dit Card Used:			
Visa	MasterCard	Discover	American	Express
writing of its termin reasonable opportunit	nation in such t	ime and in s t. Notices mu	uch manner 1st be receiv	l I (we) notify NLCPD in as to afford NLCPD a ved at a minimum of 15 date.
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Parent/Guardian Signature	Date
FOR OFFICE USE ONLY:	
Date Entered:	Entered By: