

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: