

Child's Name: _____



BOYS & GIRLS CLUB
AND FAMILY CENTER OF BRISTOL, CT



AUTOMATIC CREDIT CARD DEDUCTIONS

(optional)

Client's Name: _____ Child's Name: _____

Client's Address: _____

I authorize The Bristol Boys & Girls Club to make a single charge or Automatic deductions from my Credit card for payments. I understand that all payments will be charged prior to child care services being rendered.

Automatic Charges are as follows:

Weekly – each Friday or Bi-Weekly – every other Friday or Monthly – Last Friday of each month

Automatic charges are for the weekly, bi-weekly, or monthly tuition in the amount of \$ _____

Effective Start Date: _____

Effective Stop Date: _____

Single Charge

Please charge my credit card in the amount of \$ _____ as a one time charge.

Reason for charge:

Credit card info: MasterCard Visa

Card holders name (as it appears on the credit card): _____

Credit card number: _____

Credit card expiration: _____ Security Number - back of card - last three/four numbers _____

Billing address (# and street address): _____

City/State/Zip _____

Phone Number: _____

Card Holder's Signature : _____ Date: _____

This Authorization form expires 8/31/12.

PLEASE RETURN IN SEALED ENVELOPE TO:

Bristol Boys & Girls Club

Finance Office

105 Laurel Street

Bristol, CT 06010