

KidsCare of Pennridge, Inc.

KidsCare

Automatic Monthly Charge Card Payment Authorization

Directions: Please complete all of the required information, sign, and return to the KidsCare office.

Student's Name _____

KidsCare Location _____

Automatic Monthly Charge Card Authorization

KidsCare of Pennridge, Inc. and/or its agents are hereby authorized to make automatic monthly program charges to the below indicated charge card in the amount of all program fees due for my child's participation in the KidsCare school-age child care program(s) according to all rules, procedures, and guidelines established by KidsCare of Pennridge, Inc. as agreed in the original program Registration Form/Contractual Agreement submitted for the 2009-2010 school year, unless otherwise modified and/or rescinded by me in writing.

Chargeholder Signature

Date

Charge Card Information

Name of Charge Card:

VISA ____ MasterCard ____ Discover ____ American Express ____

Name of Cardholder _____

Charge Card No. _____

Charge Card Expiration Date _____ Security Code _____

-- Mail or Fax to: KidsCare, 1456 Ferry Road, Suite 700, Doylestown, PA 18901 • 215-230-3344 (Fax) --

“a fast, no-fuss, and convenient way to pay your KidsCare monthly bill”