



Credit Card Authorization Form for Recurring Charges

Please fill in the information and sign below

Print name _____

Phone number _____ Email _____

Credit card type: Master Card Visa Discover American Express

Credit card number _____

Security code _____ Expiration date (MM/YY) _____

Credit card holder's name (printed) _____

Billing address _____ City _____ State _____ Zip _____

I authorize Pea Pods Child Care to initiate a recurring charge to the credit card indicated above for the total amount due each week. I also authorize charges for any additional related services that may incur.

Changes to my account may vary. I will be provided notice if the charges will change.

I understand that I may cancel my recurring charge upon written notice.

Card holder's signature _____ Date: _____