

Debit/Credit Card Draft Authorization

October 1, 2009-May 31, 2010

CHILD/CHILDREN'S NAMES: _____

DAYCARE/STUDIO: _____

MONTHLY AMOUNT TO BE DRAFTED: \$ _____

NAME ON CREDIT CARD ACCOUNT: _____

PLEASE PRINT

BILLING ADDRESS: _____

CREDIT CARD # _____ - _____ - _____ - _____ EXP. DATE: _____

I hereby authorize Little People's Creative Workshop/the young actors workshop to draft my credit card account indicated above. I understand that this will be done on the 20th of each month until terminated by written notification received prior to the 15th of the preceding month of the next charge.

There will be a \$25 charge for ALL DECLINED CHARGES.

AUTHORIZED SIGNATURE

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