

DEBIT/CREDIT CARD DRAFT AUTHORIZATION
October 1, 2017-May 31, 2018

CHILD/CHILDREN'S NAMES: _____

DAYCARE/SCHOOL: _____

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.**

Signature