



Automatic Payment Processing

SAFE- CONVENIENT- EASY

(Credit/Debit Cards)

I (we) hereby authorize the AISD 3RD Base Child Care Program to initiate recurring credit card charges to the below referenced credit/debit card account.



Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Card #: _____ Exp. Date: _____ Card Type: _____
(Visa, MasterCard, Discover)

Please Choose one of the following:

Monthly (Please draft card on the 1st business day of each month for my full monthly payment.)

Bimonthly (Please split my monthly payment in half and draft my card on the 1st business day of every month and on the 15th of every month.)

Card Holder Signature: _____ Date: _____

Student Name(s): _____

Campus: _____



Office Use Only:

Date Entered into Procare: _____

Initials: _____

