

# Give Every Child A Chance

322 Sun West Place

Manteca, CA 95337

Office: (209) 823-6222 Fax: (209)823-6255

## Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting our Finance Manager at (209)823-6222.

### Customer Information

Your Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Email address \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

### Payment Information

I authorize Give Every Child A Chance After School Program to automatically bill the card listed below as specified:

Product/service description after school program participation fee

Recurring amount \_\_\_\_\_

Frequency (check one)  Once  Daily  Weekly  Twice/month  Monthly  Quarterly

Start on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End on: (check one)  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

No end date

### Credit Card Information

Card type  MasterCard  VISA  Discover  AMEX  Other \_\_\_\_\_

Cardholder name \_\_\_\_\_ Cardholder ZIP Code \_\_\_\_\_  
(as shown on card) (from credit card billing address)

Card number \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

This form must be completed and turned into the **Program Office** located at **322 Sun West Place, Manteca, CA 95337** to be enrolled in recurring payments.