



## United Educational Corp Programs

# Credit Card Authorization Form

Please complete all fields and submit to United Educational Corp Programs. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Child(ren) Name \_\_\_\_\_

Cardholder Name  
(as shown on card) \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Card Type  VISA  MASTERCARD  DISCOVER  AMEX  \_\_\_\_\_  
Other

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY)

CVV \_\_\_\_\_ (3-4 digit security code)

Attendance Schedule  Monthly  Weekly  Daily  Drop-In

Recurring Payments  YES  NO  
We will process recurring payments automatically. Option not available for Drop-In payments.

By selecting "YES" to recurring payments, I \_\_\_\_\_ authorize United Educational Corp Programs to charge my credit card above on a recurring basis in the amount of the invoice for childcare services rendered. By selecting "NO" to recurring payments, I authorize UEC to charge my card in the event my payment is delinquent. Charges will occur on the 1<sup>st</sup> of the month for monthly participants, Monday of the current week for Weekly participants and the first day of service of the current week for Daily participants. Payments are delinquent if not received by 6pm on the due dates indicated above.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_