



Colonie Youth Center

15 Avis Drive, Latham, NY 12110
518-438-9596 ** FAX: 518-514-1404

SCHOOL-AGE CHILD CARE DEBIT/CREDIT CARD AUTHORIZATION 2019-2020 School Year

Name of Cardholder: _____

Billing Address: _____

City, Zip: _____ Phone: _____

E-Mail Address: _____

Child(ren): _____ Site: _____

CARD #

Cards accepted: Visa, MasterCard, Discover, American Express

EXP:

3-digit Security Code:

I hereby authorize the Colonie Youth Center, Inc. to charge the above-referenced debit/credit card a total of \$_____ on the 15th of each month beginning _____ and **ending May 15, 2020**; unless *written* notification is received by the Colonie Youth Center, Inc. at least 2 weeks prior to any enrollment change.

By signing below, you acknowledge that you have read and understand the following:

- If you wish to make a change to this authorization (including changes to card number or expiration date), the cardholder must submit a new form at least one week prior to the next scheduled payment date.
- Should your card decline twice in one month, we will contact you by e-mail after the second decline. Should this happen in a subsequent month there will be a \$15 service fee added to your account. Additionally, CYC reserves the right to require payment by cash or check for the remainder of the program year.
- Vacation Camp and Summer Camp are not included in this payment plan.

Signature: _____ Date: _____

Complete & return this form:

- by e-mail: save & e-mail to khennessey@colonieryouthcenter.org
- by fax: print & send to 518-514-1404
- by mail: print & send to CYC, 15 Avis Drive., Latham, NY 12110