Credit Card Authorization Form

Date:

Member's Name if Different

First Name: Last Name:

Address

City:

State: Zip: Phone:

Card Type:_____

Card Number:

Expiration Date: CVV

Payment Frequency: Weekly

I hereby authorize The Concord Family YMCA to automatically debit weekly child care/ Kydstop programs from my credit card.

_____

Cardholder's Signature

_____

Employee's Signature

CONCORD FAMILY YMCA
15 N State St. • Concord, NH • 603- 228 -9622
www.concordymca.org