



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. Fax completed form to: 410-655-0353.

Child(ren) Name _____

Cardholder Name
(as shown on card) _____

Billing Address _____
_____ Zip Code _____

Phone Number _____

Card Type VISA MASTERCARD DISCOVER AMEX _____
Other

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____ (MM/YYYY)

Card Identification # _____ (3 digits on back of card)

Attendance Schedule Monthly Weekly Daily

Recurring Payments YES NO

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 1st of the month for monthly participants, Monday of the current week for Daily participants and the day of 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 _____