



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 1st 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 _____