



## AUTOMATED PAYMENT PROCESSING

SAFE - CONVENIENT - EASY

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARDS

I (we) hereby authorize **Pflugerville IDS Extended Day Program** to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

name \_\_\_\_\_ phone# \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ st \_\_\_\_\_ zip \_\_\_\_\_

account # \_\_\_\_\_ exp. date \_\_\_\_\_

cardholder signature \_\_\_\_\_ date \_\_\_\_\_

**\* The person completing this form will be noted on the account as "Primary Payer" and will receive the annual Tax Summary for income tax purposes. If you have another person who should be designated as a "Secondary Payer" so they can receive the Tax Summary, please contact the EDP Accounting office.**

STUDENT NAME \_\_\_\_\_

CAMPUS \_\_\_\_\_

MONTHLY \_\_\_\_\_ BI-MONTHLY \_\_\_\_\_

ENTERED IN PROCARE \_\_\_\_\_

INITIALS \_\_\_\_\_

