

### Credit / Debit Card Authorization Form

I, \_\_\_\_\_ give authorization to Little Buds Kid Care to deduct any aftercare and/or late fees from my account.

Family Name: \_\_\_\_\_ Parish # \_\_\_\_\_

Child's Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Credit Card Information

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVS # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly aftercare charges will be deducted on the 1st of the month. Aftercare "Add Ons" and late pick up fees will be charged weekly.

\_\_\_\_\_  
*Signature*

**Unpaid bills will result in loss of aftercare services**