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| CREDIT CARD PAYMENT AUTHORIZATION(Please Print)  |
| I authorize Shenker Academy, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Shenker Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Shenker Academy to use the third party sender, Smartcare to process all payments. |

Cardholder Name: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Children Names (if applicable): Click here to enter text.

***Please enter children names if the cardholder's last name is different***

Cardholder Billing Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.ZIP Code: Click here to enter text.

Card Type: [ ] VISA [ ] MASTERCARD [ ] DISCOVER

Account Number: Click here to enter text.

Expiration Date: Click here to enter text. CVC No.:Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.