

ITHACA COMMUNITY CHILDCARE CENTER'S AUTO PAY REGISTRATION CARD

AMOUNT CHARGED: MONTHLY BALANCE



CHILD'S NAME: _____

CARDHOLDER NAME: _____

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

SECURITY CODE(3-DIGITS ON BACK OF CARD): _____

BILLING ZIP CODE: _____

Expiration Date: _____ / _____



SIGNATURE: _____ DATE: _____

Office use: Entered into Data Base: <input type="checkbox"/> Date: _____ Initial: _____
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