

*Make your payment by*  
**CREDIT CARD**

**AUTHORIZATION AGREEMENT FOR PAYMENT BY CREDIT CARD**

I \_\_\_\_\_ (Please Print) hereby authorize the Shippensburg University Foundation to initiate a credit card charge in the amount of \$ \_\_\_\_\_ per month to the credit card listed below. I understand there will be a total of twelve (12) deductions each year. Please use these credit card charges as payment for my tuition at the Bartos Child & Family Center. I authorize the change in charges for additional days or proration of rates charged due to changes in my child's attendance schedule. I also authorize the increase in the monthly rate charged annually as the tuition rates charged by the Center increase.

*This Authorization is to remain in full force and effect until the Shippensburg University Foundation receives written notification from me of its termination in such time and such manner as to afford the Shippensburg University Foundation reasonable opportunity to act on it and another method of payment on my tuition is determined or my child no longer attends the Center.*

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Return completed form to the program director at the Bartos Child & Family Center.
- The Shippensburg University Foundation must receive this authorization form by the 20<sup>th</sup> of the month in order to process the charge on the 1st of the following month.
- Credit Card charges are processed on the 1st of the month or the next business day. An e-receipt will be emailed upon process of the monthly charge.