

ADAMS TQP

Credit Card Authorization Form

I _____
First MI Last

resident of _____
Street City State Zip

Hereby authorize ADAMS Center to charge my credit card (VISA, MasterCard, American Express)

For **OneTime** \$ _____ **Monthly** \$ _____ for my child _____

Credit Card # _____ Exp: _____ CVC _____

Signature: _____ Date: _____ Ph# _____