

Center: _____



Credit Card Authorization Form
SINGLE TRANSACTION AUTHORIZATION

Child's Name: _____

Parent Name: _____

Amount to be charged: _____

I hereby authorize Federation Early Learning Services (FELS) to initiate credit card charges to the below referenced credit card account for this single transaction in the amount indicated above. I understand that any future payments by credit card will require a new authorization form to be completed and submitted to FELS. My signature below indicates my agreement.

Card Type: ☐ Visa ☐ MasterCard

Cardholder Name (Printed)

Phone Number

Cardholder Address

City

State Zip

Account Number

Expiration Date

CVV/CID Code

Cardholder Signature

Date



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