



Childhood Connections Drop-in Childcare

Childhood Connections
101-1505 Harvey Ave, Kelowna BC V1Y 6G1

CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize the above-mentioned company to **make a one time payment** to your credit card listed below.

By signing this form, you give the above-mentioned company permission to debit your account for the amount indicated on or after the indicated date. This is permission for **one time payment for childcare during the Main Moms Event** as well as additional charges for early drop-offs or late pick-ups and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I (full name) _____ authorize ***Childhood Connections, Drop-In Childcare*** to charge my credit card account indicated below for (amount) \$ _____ .00 on or after **OCTOBER 1 2023**.

Billing Address _____

City, Prov, Postal Code _____

Account Type (circle)	VISA	MASTERCARD	AMEX
Cardholder Name			
Account Number			
Expiration Date			
CVV2 (security number on back of card)			

SIGNATURE _____ DATE _____

Please email completed form to childcare@childhoodconnections.ca

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.