

WYC Credit/Debit Card Authorization Form - *Optional*



Child(ren)'s Name(s) _____ Program _____

Wisconsin Youth Company Primary Account Holder _____
Mother / Father / Guardian (circle one)

Card Type: Visa MasterCard Credit Card # _____

Exp. Date _____ / _____ CVC2 Code _____
(3 digit number on back of card)

Name on Card _____

Street Address _____ Zip Code _____

Email Address _____ Phone Number _____

(Please indicate authorization by selecting corresponding boxes below.)

I authorize **auto-pay** charges to the credit card listed above for all Wisconsin Youth Company fees. (Note: this authorization will remain on file until you notify us to remove it, and this card must be updated when a new card number or expiration date is issued. See payment calendar for scheduled dates of monthly processing of school year fees and weekly processing of summer fees.)

I authorize a **one-time** charge of \$ _____ to the credit card listed above for:

 Signature _____ Date _____

Authorization by phone: Intake Initials _____ Date _____

OFFICE USE: Date Processed: _____ Initials: _____ Email / Invoice / Receipt: P1 / P2