

Credit Card Payment Authorization

This form is required if you want to make monthly payments thru our Electronic Funds Transfer. At this time we are only able to process credit cards. No EFT checks.

Child's Name: _____

By filling out this form, you are giving the IFC permission to run your credit card, for the amount due based on the Payment Plan you choose:

Pay in Full Pay 50% Now & 50% July 1 Pay 25% Now & 6/1,7/1,8/1 Weekly

Cardholder Name: _____

Street address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____

Email Address: _____



Please charge my: _____

Name on Card _____

Credit Card Number: _____

CVS Number (3 digit code on back of card) _____

Expiration Date: _____

Card Holder Signature: _____

Date: _____