

PAYMENT BY CREDIT CARD AGREEMENT

Client Name _____

Address _____

Phone _____

Credit Card (circle one) Visa MasterCard Discover AmEx

Credit Card # _____

Exp. Date ____/____

I, _____ give the Saucon Valley
(print name)

Community Center permission to charge the above credit card
in the amount of \$ _____ on a (circle one) weekly, biweekly,
monthly basis for _____ services.
(type of service)

I understand charges will be made on Thursdays and will begin
on _____

**On occasion your fee may change due to additional fees for school closings,
delays or early dismissals or due to credits for center closings. Do you give the
SVCC permission to charge this card with such changes without prior approval?

YES
Initials of cardholder

NO
Initials of cardholder

Client Signature

Date

Director Signature