



The CDC Fee billing system uses Chase Paymentech, a premier provider of Automatic Payment Processing. This system will automatically process your payment whether you pay monthly or on the 1st & 15th. It will also provide you with a receipt once a payment has been processed via email.

**CHILD & YOUTH SERVICES FLIGHT
Credit Card Billing Information For**

Child(ren)'s Last Name, First Name: _____

Cardholder Name: _____
(How it appears on Credit Card)

Account Type: ____ Visa ____ MasterCard (MC)

Account Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): ____/____ **CVV#:** _____
(3 digit number on back of Visa/MC)

Email Address You Want Your Billing Receipt Sent:

Please Print Legible

I hereby authorize the Tyndall CDC to automatically charge my credit card indicated below (Except for Self-Pay Patrons):

____ The 1st of each month for payment.

____ The 1st and 15th of each month for payment.

SIGNATURE: _____ **DATE:** _____

*This document contain personal data to the Privacy Act of 1974, 10USC 8012 & EO 9397.
It requires safeguarding and disclosure only as authorization in AFL 33-332.
CONFIDENTIALITY APPLIES.*