



Boston Child Study Center

729 Boylston Street, 5th Floor, Boston, MA 02116 | P: (857) 400-9211 | F: (866) 496-3029

www.BostonChildStudyCenter.com

Credit/Debit Card Authorization Form

In order for the Boston Child Study Center to retain your credit card or debit card information on file and process payment monthly or on a one-time basis, please complete all fields below, sign, date, and email or fax to 866-496-3029 / info@BostonChildStudyCenter.com.

Today's Date: _____

Card Type: V / MC / D / AMEX

Card Number: _____ Exp: _____ Card Security Code: _____

Cardholder first and last name (as it appears on your credit card): _____

Billing Address: _____ City: _____ Zip: _____

Billing Phone: (____) _____ - _____ Email to send receipt: _____

Please Check the Appropriate Box:

One Time Use: I hereby authorize Boston Child Study Center to retain my credit/debit card information on file and to charge the indicated credit/debit card in the amount indicated on my bill. This is a one-time charge authorization. I am not authorizing BCSC to set up my account within a recurring billing system – rather, I prefer to pay by check or in person on all future statements. I understand that if I want BCSC to charge any balance in the future I will need to submit another authorization form at that time or chose the selection below.

Please list the amount you are authorizing your credit card for: _____

Recurring Billing: I hereby authorize BCSC to retain my credit/debit card information and charge the indicated card on a monthly basis for the amount due on my account. The recurring payment authorization shall remain in effect until canceled by me in writing.

Authorization:

I hereby authorize the Boston Child Study Center to charge the indicated credit/debit card. I agree that this is either a one time or periodic charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing. I guarantee and warrant that I am the legal cardholder for this credit/debit card and that I am legally authorized to enter into this billing agreement with BCSC.

Signature of cardholder: _____

Date: _____