



## One Time Credit/Debit Card Authorization Form

I, \_\_\_\_\_ wish to authorize A Child's Garden to charge for

Invoice/charge for: \_\_\_\_\_ to charge

\$ \_\_\_\_\_ **(plus 2% transaction fee)**, from my credit card, to fulfill my obligations

to A Child's Garden for (child's name) \_\_\_\_\_

Date to charge card: \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name/Phone#: \_\_\_\_\_

Name/Email to send receipt: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CCV: \_\_\_\_\_

By signing below, I agree to all terms listed: It is the responsibility of the card holder to inform ACG of any changes to the account and take full responsibility for any fees incurred for failed transactions.

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Name	Signature	Date
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