
Member Credit Card Authorization Form

In an effort to better serve our members and simplify your billing experience, our organization offers a credit card payment option for your convenience.

CHARGE POLICY

ONE/FIRST TIME PAYMENT:

(Initial) I hereby authorize Texas Alliance of Child and Family Services to charge the balance currently due for the amount of \$_____.

FUTURE PAYMENTS:

(Initial) I hereby authorize Texas Alliance of Child and Family Services to charge my recurring membership dues per my selection below

- Quarterly: January 5, April 5, July 5, October 5
- Semi-Annual: January 5, July 5
- Annual: January 5

POLICIES:

(Initial) Payments made for services delivered by this organization are non-refundable.

(Initial) Being the authorized cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Texas Alliance of Child and Family Services to charge my credit card for the services provided. I understand a 3% credit card fee will be added to the transaction amount and a receipt will be provided for each payment. I agree to notify Texas Alliance of Child and Family Services in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.

PAYMENT INFORMATION

Member Name: _____

Billing Address: _____

Type of Card:    

Card Number: _____
* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Signature of Cardholder: _____ Date: _____