

ACH Payment Option



Release Form for Flat-Discounted Rates and Flexible Hourly Rates

AUTHORIZATION to AUTOMATICALLY DRAFT for The Adventure Club CHILD CARE FEES
Please complete, fax to 540-382-6529 or
email to info@the-adventureclub.com

Today's Date: _____

Parent Name _____

Address _____

Cell Number _____ Email Address _____

Charges are for: _____ **(Children's Names)**

At The Adventure Club program at _____ **(Location)**

Card Holder Name (as it appears on Credit Card) _____

I _____ authorize **Child Care Consultant Services, Inc. DBA The**

Adventure Club to deduct weekly child care charges of _____ **(weekly fee)** from

my _____ (list auto draft method). VISA/MasterCard Discover/American Express Card , or debit card.

From this date _____ to this date _____.

Card Member Signature _____

Credit Card Number _____

Expiration date _____