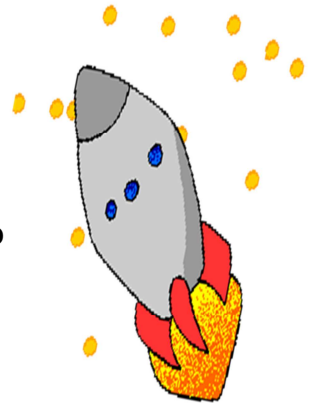


ACH Payment Option

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 _____.

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 _____

Security Code on the Back _____

Expiration date _____ Zip Code of billing address _____