

\*Please note that this form is required for care and not optional. Please fill out completely to ensure timely processing.

Child's Name: \_\_\_\_\_



**DYESS AFB, TEXAS  
FAMILY MEMBER PROGRAMS FLIGHT  
CREDIT CARD AUTOPAY AUTHORIZATION**

Type of Card:

Visa       MasterCard

Credit Card Number:

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Expiration Date (MM/YY):

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Cardholder Name (as it appears on the card):

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By signing below, I authorize the Dyess Child Development Center, the School Age Program or the Youth Program to automatically charge my account for any balance due for services that have not been paid by the close of business on the second business day of each week.

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Signature

Auto Charge Preference (Circle ONE):

Weekly / 1st & 15th / Monthly

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Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397 and requires safeguarding and disclosure only as authorized in AFI 33-3332. CONFIDENTIALITY APPLIES.