## One Time Payment Authorization Form (Credit Card)

☐ MECHANICSBURG

☐ HERSHEY

☐ CAMP HILL

203 House Avenue	50 E. Chocolate Ave.	201 Bryant Street
Camp Hill, PA 17011	Hershey, PA 17033	Mechanicsburg, PA 17050
Ph: 717-761-7113	Ph: 717-533-1466	Ph: 717-590-7050
Sign and complete this form to	authorize Tender Years, Inc. to mo	ıke a onetime credit card payment.
or after the indicated date. T		it card for the amount indicated on saction only, and does not provide your account.
Please complete the information	tion below (please print):	
Child(ren) first/last name(s) fo	r point of reference:	
Ι	authorize Tender	Years, Inc. to charge my credit card
(full name)		
indicated below for \$	<u>*</u> on or after	·
(amo	unt) (DD/MM/	YYYY)
	% will be applied to this transaction. the fee. (Rate $\times$ 1.03 = Payment Amor	When calculating payment, multiply your unt)
Billing Address	Pho	one
City, State, Zip	Em	ail
	Card Information	
Name on Card:		
Card Number:		
Security Code (back of card	):	
Billing Zip Code:		
SIGNATURE		DATE

I understand that because these are electronic transactions, these funds may be charged to my credit card as soon as the above noted transaction date. In the case of a credit card transaction being rejected, I understand that Tender Years, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each declined attempt, which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card or bank account and agree not to dispute this payment with my bank; provided the transactions correspond to the terms indicated in this authorization form.