

SIGN UP NOW!

Quick, easy & convenient

AUTO-DEBIT AUTHORIZATION

No more writing checks or waiting in line to pay your child care bill.

Ask for the Auto-Debit Authorization Form at the front desk where your child(ren) receive care, or download the form at JBLMmwr.com/cys.



Joint Base Lewis-McChord
Child, Youth & School Services



JOINT BASE LEWIS-MCCHORD (JBLM) CHILD, YOUTH, AND SCHOOL SERVICES (CYSS) CREDIT CARD AUTO DEBIT AUTHORIZATION
(One form per Credit Card)

Name on Card: _____

Credit Card Number (last 4 digits only): XXXX-XXXX-XXXX-_____

Card Type: Visa MasterCard

Exp Date: Month/Year: _____

Privacy and Security Statement: It is the policy of CYSS and PaymentTech to respect the privacy of its customers. As such, all information presented here will NOT be sold or distributed to any party. We maintain strict internal policies against unauthorized disclosure or use of customer information. Security protocols have been implemented to restrict access to information according to responsibility.

CHILD(REN)'S NAME(S):	PROGRAM NAME (I.E., XXXXX CDC)
Child 1. _____	_____
Child 2. _____	_____
Child 3. _____	_____
Child 4. _____	_____
Child 5. _____	_____
Child 6. _____	_____

Initials:

[] I hereby authorize Child, Youth and School Services (CYSS) to automatically debit my account on semi-monthly cycles (on the 1st and 15th of each month) based on my household's designated income category for each child listed above.

[] I understand that the amount being debited will only cover the semi-monthly bill and will not cover any previous balance(s).

[] I understand that, if a reimbursement is needed, there may be a 7-10 business day waiting period after CYSS has processed the request.

[] I acknowledge that if my card is declined, I will be required to pay the semi-monthly fees NLT five (5) business days after each billing cycle (1st or 15th of each month) or risk losing my child(ren)'s slot(s).

[] I acknowledge that this auto pay authorization will be in effect until canceled. To cancel future auto debits, I will notify the appropriate program(s) prior to the next billing cycle.

Print Name _____ **Date** _____

Signature _____

Authorization form reviewed by CYSS Clerk on (date) _____

CYSS Clerk Signature _____

www.jblmmwr.com/cys