



**Cromwell Recreation Department**  
41 West Street, Cromwell, CT 06416  
860-632-3467

**Recurring Credit Card Payment Authorization**  
**Credit Card Payment Plan for Before and After School Preschool Program**

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

**I authorize the Cromwell Recreation Department to charge my:**

**Visa**      Account # \_\_\_\_\_      Exp. Date: \_\_\_\_\_  
CVV: \_\_\_\_\_  
(on back)

**MasterCard**      Account # \_\_\_\_\_      Exp. Date: \_\_\_\_\_  
CVV: \_\_\_\_\_  
(on back)

**Discover**      Account # \_\_\_\_\_      Exp. Date: \_\_\_\_\_  
CVV: \_\_\_\_\_  
(on back)

Printed Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email (for receipt): \_\_\_\_\_      Phone #: \_\_\_\_\_

Date: \_\_\_\_\_      Effective start date: \_\_\_\_\_

Credit cards will automatically be charged on the first of the month for that month's payment. A receipt for each monthly payment will be emailed to the above email address. No prior notification will be given unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. This authorization will remain in effect until it is cancelled in writing. Please notify the Cromwell Recreation Department in writing of any changes in the account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms and amounts contained on the registration form.

Signature of cardholder: \_\_\_\_\_