THE VILLAGE CENTERS
Your Village. Our Community.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until canceled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder Address: _____
Cardholder Email:

Please circle all that apply:

(Option A) for Events: I authorize The Village Centers to charge the above card for **DayHab Events** in the amount shown on the invoice based on actual attendance from prior month.
(Option B) for Monthly Dues: I authorize The Village Centers to charge the above card for services outlined in the executed Financial Agreement.
Authorized amount: $_____
I authorize **The Village Learning Center, Inc.** to setup recurring payments of the above amount on the _____ of each month until further notification.

I understand that my information will be saved on file for future transactions on my account. Cancel anytime with a 30-day written notification to ap@villagelac.org.

Client's name: _____

Cardholder name: _____

_____ _____
Cardholder's signature: Date: