



T.L.C. Inc.
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Web Page:
www.tlctrumbull.com

Date: _____ Fall Program 2012-13 Only

Parent Name: _____

Child/ren Name(s): _____

Credit Card Name: _____

Card Number: _____

Exp. Date: _____

3 digit security code on reverse side of card: _____

Street # & Billing zip code: _____

I give permission for Trumbull Loves Children, Inc. to charge the balance due on my account to the above referenced credit card, monthly, for the 2012/13 school year program: (choose one)

_____ for the 1st of the month

or

_____ for the 15th of the month

If the 1st or 15th occur on either a non-business day or a holiday, your payment will be processed on either the business day prior or the business day following that date, at TLC's discretion. (Ex: if Saturday is the 15th, it is possible that your payment will be processed on either Friday the 14th or Monday the 18th)

As stated in the TLC Parent Handbook: Monthly program fees are due on the 1st of each month. If payment is not received by the 15th of the month, a \$25 Finance Charge will be assessed to your account.

Please remember to update your credit card information if changes occur during the current program or advise us if you wish to suspend this payment process.

It is TLC's policy to secure your credit information in a confidential & secure location. This information is only available to the Finance Department and Executive Director of Trumbull Loves Children, Inc..

I understand and am in agreement with the above stated information and I am authorizing TLC to process my credit card payments monthly until further notice.

Signature: _____