



T.L.C. Inc.
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06611

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info@tlctrumbull.com

Web Page:
www.tlctrumbull.com

DATE: _____

Name: _____

Child's Name: _____

Credit Card Name: _____

Card Number: _____

Exp. Date: _____

3 Digit Code on Back: _____

Zip Code: _____

Street Number: _____

I give permission for Trumbull Loves Children to:

charge the balance due on my account to the above referenced credit card monthly

or

\$ _____ per month on the following day of the month.

(circle one) 1st day 15th day

This form will be in effect for the school year 2010-11.

As printed in the parent handbook, "Monthly fees are due on the first of each month. If we do not receive your monthly payment by the 15th of the month, a \$25 late penalty will be assessed."

Signature _____

Printed Name _____

It is TLC's policy to secure your credit information in a safe, confidential and secure location. This information is kept confidential and is only available to the Finance Office and the Executive Director of Trumbull Loves Children, Inc. Charges will never be processed prior to the date you have agreed to and no later than 72 hours past such date. All information will be shredded once all payments have been made or the customer directs us to do so. Please remember to contact us if your credit card information changes during this time or you wish to suspend these payments.