



## Automated Payment Authorization Form

I (we) hereby authorize Kids Place Baltimore, Inc. to initiate credit card charges to the below-referenced credit card account (Section A) OR initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

### COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) – There will be a onetime \$5 set up fee for credit cards

\_\_\_\_\_  
Cardholder Name Phone #

\_\_\_\_\_  
Cardholder Address City State Zip

\_\_\_\_\_  
Account Number Expiration Date CVV Code

\_\_\_\_\_  
Cardholder Signature Date

### SECTION B (Bank Account)

\_\_\_\_\_  
Your Name Phone #

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Routing Number Account Number  Checking  Savings

\_\_\_\_\_  
Authorized Signature Date