



**Release Form
for
Flat-Discounted Rates and Flexible Hourly Rates**

**AUTHORIZATION to AUTOMATICALLY DRAFT for
GRACE-A-CHILD, CHILD CARE FEES**

Please complete, fax to 540-382-6529 or bring by the center.

Today's Date: _____

Parent Name: _____

Address: _____

Phone: _____ Email _____

Charges are for: _____ (Child's Name)

Card Holder Name (as it appears on Credit Card) _____

I _____ authorize **Grace-A-Child, USA**

To deduct weekly child care charges of _____ (weekly fee)

from my VISA Mastercard Discover American Express Card Debit Card

From this date _____ to this date _____

Credit Card Number _____

Security Code on Back _____ Expiration date _____

Zip Code of billing address _____

Card Member Signature _____