

DYESS AFB TEXAS



Family Member Programs Flight Credit Card Autopay Authorization

Type of card:

Visa MasterCard

Credit Card Number:

Expiration Date (MM/YY):

/

Cardholder Name (as it appears on the card):

By signing below, I authorize the Child Development Center, the School Age Program or the Youth Center to automatically charge my account for any balance due for services that have not been paid by the close of business on the second business day of each week.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397. Requires safeguarding and disclosure only as authorization in AFI-37-132. Confidentiality applies.

Validated by _____ on _____