

# Authorization for Credit Card/EFT Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Monthly Payment Option:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover    \_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Monthly Amount to be Charged: \$ \_\_\_\_\_ (USD)

EFT \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

I authorize \_Caterpillar Corner Learning Center\_ to charge/debit the amount listed above to the credit card/bank provided herein. I agree to pay for Care in accordance with the issuing bank cardholder/account holder agreement.

Cardholder/Accountholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

Caterpillar Corner Learning Center  
2168 N Cedar St., Holt, MI 48842  
517-889-5348