



CREDIT CARD CONSENT FORM

I hereby authorize Kids In The Middle to keep my signature and credit card information on file and to charge my credit card account below for the cost of any services provided by Kids In the Middle to me or my family.

Kids In The Middle agrees that this information will remain secure and confidential.

Client name(s): _____

Cardholder name: _____

Cardholder address: _____

City _____ State _____ Zip _____

- Visa
- MasterCard
- American Express
- Discover Card

Last 4 Digits of Card: _____

Expiration date: _____

Cardholder Signature: _____ Date: _____

Complete Card Number: _____

(Once your card number has been entered into our secured, encrypted system, this portion of the form will be destroyed)