

Teddy Bear Learning Center, LLC

9765 Olympia Dr.

Fishers, IN 46037

317-842-4441

**ELECTONIC FUNDS TRANSFER AUTHORIZATION FOR
CREDIT CARD PAYMENTS**

I (We) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account. To properly effect the cancellation of this agreement, I (We) are required to give 10 days written notice.

(Cardholder Name)

(Phone Number)

(Cardholder Address)

(City)

(State)

(Zip Code)

(Account Number)

(Expiration Date)

(Cardholder Signature)

(Date)

For Official Use Only

Date Received
Employee Signature