Charge Monthly (1st of every Month)
Charge Bi-Weekly (1st & 15th of every Month)



LOS ANGELES AIR FORCE BASE FAMILY MEMBER PROGRAMS FLIGHT AUTOPAY AUTHORIZATION

Type of Card:
☐ Visa ☐ MasterCard
Credit Card Number:
Expiration Date (MM/YY):
Sponsors- Cardholder Name (as it appears on the card):
By signing below, I authorize the Los Angeles Child Development Center, the School Age Program, or the Youth Program to automatically charge my account for any balance due for services provided.
Sponsor Signature
Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397 and requires safeguarding and disclosure only as authorized in AFI 33-3332. CONFIDENTIALITY APPLIES.