

**MIDLAND PARK CONTINUING EDUCATION**

250 Prospect Street  
Midland Park, NJ 07432  
Phone: 201-444-2030 Fax: 201-444-2091  
www.mpcedu.com

Pre-Authorization Form  
For Recurring Payment with Credit and Debit Cards

I authorize MPCE to keep my signature on file and to charge my credit card/debit card account on an ongoing basis, on the 20<sup>th</sup> day of each month, for the full amount described on my Before and After Care registration form.

I understand that this authorization is valid from the date indicated below until I cancel the authorization in writing to MPCE. I also agree to contact MPCE as soon as possible if there are any changes to my credit card/debit card account information.

Please complete the form below.

Credit Card

\_\_\_ Master Card      \_\_\_ Discover      \_\_\_ Visa

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ CVV Code (on back of card) \_\_\_\_\_

Debit

\_\_\_ Discover      \_\_\_ Visa      \_\_\_ Master Card

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Address

\_\_\_\_\_  
Daytime Telephone Number                      Cell #                      Evening Telephone  
Number

Please sign & return this form to : Midland Park Continuing Education, 250 Prospect Street, Midland Park, NJ 07432

Any cancellation of this agreement must be made in writing and mailed to the above address.