

Do not add application information to this form.
It will be shredded.



Childcare Program and Sticker Payment Credit Card Authorization Form

California EMS Authority
Personnel Standards
10901 Gold Center Drive, STE 400
Rancho Cordova, CA 95670-6073

Name: _____ Order Date: _____
(As it appears on card)

Program Name: _____ Affiliate: _____

Phone: _____ Email: _____

Credit Card Number:

Expiration Date: _____ Payment Amount: _____

Zip Code: _____ CVC2 Code (security code) : _____

<u>Card Type</u>
Visa
Mastercard
Debit