



## Credit Card Authorization Form

Please complete all fields. If you wish to cancel this agreement, written notification is required 10 days prior to the credit card run date you have chosen.

### Credit Card Information

Card Type:            MasterCard            VISA            Discover            AMEX

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_            CVV Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

Email Address or Cell Number where receipt can be sent: \_\_\_\_\_

I would like this payment made

One time payment

1st of each month

15th of each month

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, authorize Community Christian Preschool to charge my credit card above for agreed upon tuition payment/additional fees (field trips, classroom activity fees, etc.). I understand that my information will be saved to file for future transactions on my account if I have chosen to make payments on the 1st or 15th of each month as selected above.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date