



### **Credit Card Authorization**

Credit card processing is made available to you for payment of program tuition.

Credit card processing occurs the 1<sup>st</sup> of each month. If you have any questions or concerns, please contact a director.

#### CREDIT CARD AUTHORIZATION

VISA MASTERCARD AMEX DEBIT

Credit Card Numer: \_\_\_\_\_ Exp. date \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of child(ren) enrolled:

I authorize McFarlin Memorial United Methodist Church Day Care to charge monthly payments from my credit/debit card in the amount of \$ \_\_\_\_\_. I understand that a \$5.00 (USD) processing fee will be added to the above designated amount each month. I understand that a reenrollment and supply fee of \$100.00 (USD) will be added to my monthly tuition processed on September 1<sup>st</sup> of each year.

Signature \_\_\_\_\_

Date: \_\_\_\_\_