



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ VISA _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3 digits located on the back of the credit card)

I authorize **Little Lights Child Development Center** to charge the amount of my tuition cost that is past due after my family has left the center to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and sign form to the following:

Rachel Pyles or Randi Wenner