



Credit Card Authorization

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

Credit card processing occurs the 1st 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 1st of each year.

Signature _____

Date: _____