



CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize Little Blessings PDO to charge the following credit card for the monthly tuition fees incurred for the following students enrolled in the 2017-2018 program.

Student(s) Name:

Monthly Tuition Amount(s):

Check if additional fees are okay to charge Before Care Drop-In Enrichment
(Charges will vary month to month based on extra services used)

By signing this agreement, I authorize Little Blessings PDO to charge the credit card below on the first business day of each month for the total tuition costs incurred in accordance with the information above. Little Blessings PDO will no longer be authorized to charge me card should the above named student withdraw from the program. Also, at any time, I may revoke this authorization by indicating as such in an email to them at angela.zundel@fumccr.org.

Signature: _____ Date: _____

Type of Card Visa Mastercard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code (CVV): _____

Name of Cardholder: _____

Credit Card Billing Address: _____

Phone Number: _____ - _____ - _____

Email Address: _____