



BOARD OF CHILD CARE
of The United Methodist Church, Inc.



DC Early Childhood Education Center

Credit Card Authorization Form

Name on Card: _____

Billing Address: _____

Type of Card: _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Amount: _____

I, the undersigned, authorize Board of Child Care to charge my credit card on a monthly basis for the established tuition rate plus any fees. I will be given a receipt for each charge. This method of payment will continue until I give written notice that I wish to begin using another payment method.

Signature

Date