



Credit Card Authorization Form

Name on the Card: _____

Name of Child: _____

Type of Card: Visa MC Discover

Account Number _____

Expiration Date _____

Security Code (3 digit V-Code) _____

Billing Address _____

City, State, Zip _____

Phone # _____

Description of Charge: _____

Amount to be Charged \$ _____

By signing this form, I authorize Peninsula Community Church Preschool to charge my card for the tuition amount listed above on the 1st of each month (Sept – May) and extended care incurred.

Signed: _____ Date: _____

We will email you a receipt each time your card is charged.

For Office Use Only: Credit Card: Date _____ Batch # _____ Invoice # _____
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