



**Calvary**  
Child Development Center

**CALVARY CHILD DEVELOPMENT CENTER  
CREDIT CARD AUTHORIZATION AGREEMENT**

I hereby authorize CALVARY CHILD DEVELOPMENT CENTER (CCDC) to charge amounts owed by me for: tuition fees, daycare fees and other fees, by charging my credit card as indicated below:

Parent Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Name as it Appears on Credit Card \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Type of Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Calvary Child Development Center will automatically charge the above credit card on a monthly basis on the 15<sup>th</sup> of each month for (4) weeks of tuition. Occasionally, when there is a 5<sup>th</sup> week in the month, you will see an additional weekly charge for tuition to cover the extra week.

Please return this completed form to Mrs. Peggy Moss, Business Office

Thank you.