

CREDIT CARD AUTHORIZATION FORM
JCC PRESCHOOL 2009-10 SCHOOL YEAR

Parent's Name: _____

Student's Name(s): _____

Which tuition payment plan have you chosen?

***Billing dates may vary slightly.**

_____ Monthly Payments Deducted the 3rd of Each Month.

_____ Semester Payments Deducted 08/03/09 and 12/03/09

_____ Yearly Payment Deducted 08/03/2009

Would you like to authorize any/all additional preschool charges, such as Enrichment, Drop-In, Field Trips? _____

***These charges will be run on the 3rd of each month.**

I understand that all payments to the Boulder JCC made on my credit card are subject to a 2.5% credit card fee. Initial here: _____

Mastercard or **Visa** Credit Card Expiration Date: _____

Credit Card Number: _____

Credit Card Security Number (three numbers on the back): ___ ___ ___

Do you require receipts for each transaction on this credit card? _____

These will be left in your cubby shortly after they are run.

SIGNATURE: _____