

Pee Wee Patch Child Development Center

I hereby give authorization for Pee Wee Patch Child Development Center to charge my credit card on the last Thursday of each month for the following month's tuition for my child or children

(Name of child/children)

CREDIT CARD INFORMATION:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

**NAME ON CARD _____

CARD NUMBER _____

EXPIRATION DATE _____

V- CODE (on back) _____

Visa _____ Master Card _____

