

## Credit Card Payment Information

Office Initials

Name of Child on Account \_\_\_\_\_

Address (include zip code) \_\_\_\_\_

Monthly Payment Plan      Yes \_\_\_\_\_      No \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code (3 digit) \_\_\_\_\_      Expiration date \_\_\_\_\_

Amount to pay \_\_\_\_\_ (+\$2.00 service fee) Total:\$ \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_

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Address (include zip code) \_\_\_\_\_

Monthly Payment Plan      Yes \_\_\_\_\_      No \_\_\_\_\_

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Security Code (3 digit) \_\_\_\_\_      Expiration date \_\_\_\_\_

Amount to pay \_\_\_\_\_ (+\$2.00 service fee) Total:\$ \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_

