



Credit Card Payment Form

Child(ren) Names: _____

Parent(s) Name: _____

Monthly Payment Amount: \$ _____ . _____

Card #: _____ - _____ - _____ - _____

Exp. Date: _____

3-Digit Security Code on the back of the Card: _____

Home Zip Code: _____

Signature: _____

Your card will be charged the above amount on the 1st of each month. Receipt will be provided upon request.

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