

Credit Card Payment Information

Name of Child on Account _____ Office Initials

Address _____ Zip Code _____

Monthly Payment Plan Yes _____ No _____ (No Service Fee)

Weekly Payment Plan Yes _____ No _____

Bi-Weekly Payment Plan Yes _____ No _____

Name on Card _____ Type of Credit Card _____

Credit Card Number _____

Security Code (3 digit) _____ Expiration date _____

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

Signature _____ Date _____