

2009/2010
KIDS' PLACE CHILD CARE
CREDIT CARD PAYMENT AUTHORIZATION

Parent's Name(s) _____

Home Phone _____

Address _____

Child's Name _____ Site _____

Child's Name _____ Site _____

Card Holder Name _____

Authorizes Independent School District #283 to charge my VISA/MasterCard account monthly for payment of Kids' Place child care tuition from **September 2009 thru August 2010.**

Visa/Mastercard Number _____

Expiration date _____ Authorization code (3 digits on back of card) _____

Cardholder's
Signature _____ Date _____

Please review the Customer Statement that you receive each month, if you have a question about an item please call the Kids' Place Office as soon as possible. Payments will be charged to your credit card once each month around the 15th.

Please contact the Kids' Place Office at 952-928-6764 if you wish to stop this payment method or your child will no longer be attending Kids' Place.

Please return this form to the Kids' Place Office located at Central Community Center, 6300 Walker Street, St. Louis Park, MN 55416.

Sept__ Oct__ Nov__ Dec__ Jan__ Feb__ Mar__ Apr__ May__ June__ July__ Aug__