



# "A Child's Touch..." Christian School

9141 Poze Blvd. Thornton, Colorado 80229

Office 303-286-8460 / Fax 303-289-8621

[www.AChildsTouch.com](http://www.AChildsTouch.com)

*Inspiring young minds  
through Creative approaches*



## Electronic Funds Transfer Authorization for **CREDIT CARD**

I (we) hereby authorize A Child's Touch to initiate credit card charges to the below-referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give ten (10) days written notice. \_\_\_\_ (*initial*)

Credit Cards accepted: Discover, Visa, MasterCard

Cardholder Name

Phone Number

Cardholder Address

City

State

Zip

Account Number

Expiration Date

Cardholder Signature

Date

Weekly tuition in the amount of \$ \_\_\_\_\_ will be charged to your credit card with adjustments for absences unless you request any additional charge.

For office use only:  
Date turned in to office

\_\_\_\_\_  
Received by  
\_\_\_\_\_