



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

9141 Poze Blvd. Thornton, Colorado 80229

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

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.

<p>For office use only: Date turned in to office</p> <p>_____</p> <p>Received by</p> <p>_____</p>
