

WMCC Pixie Nursery School
1845 Wantagh Avenue, Wantagh, NY 11793
516-785-1247
Pixienurseryschool@gmail.com

Credit Card Authorization Form

Child's Name: _____

Teacher's Name: _____ AM or PM
(circle one)

Cardholder Name (as shown on card): _____

Cardholder address (credit card billing address):

_____ Address _____ Town _____ Zip(REQUIRED)

Telephone number: _____ Email Address: _____

Check this box if you would like us to charge your card monthly

Card Type

- Master
- Visa
- Discover
- AMEX

Card Number: _____

Security code: _____ Expiration Date (mm/yyyy): _____ / _____

For office use: ___Reg ___Sec___Oct ___Nov___Dec___Jan___Feb___Mar___Apr___May

I _____, authorize the WMCC Pixie Nursery School to charge the credit card indicated in this authorization form. I certify that I am the authorized user of this credit card and I will abide by the terms as long as the transaction corresponds to the terms indicated above. Each transaction will include a **3.5%** service charge.

SIGNATURE _____ DATE _____