



Janine M. Marks, Executive Director

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CREDIT CARD AUTHORIZATION

Child's name _____

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
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Name as it appears on card _____

Credit card number _____ Expiration date _____

Pin number (3-4 digit code located on back of card) _____

- I hereby authorize Oyster Babies Inc. to charge my monthly tuition to my credit card.
- I hereby authorize Oyster Babies Inc. to charge my credit card only upon my request. The information above is to be filed and used with my verbal authorization only.
- I hereby authorize Oyster Babies Inc. to charge my tuition to my credit card only in the event of a two week lapse in payment and to avoid suspension of child care.

Signature _____

Date _____