



**The Church in the Highlands Early Childhood Center**

**Credit Card Authorization Form**

**In signing this form, I authorize Church in the Highlands ECC to charge this card for all tuition and applicable fees as they come due and in accordance with my selected payment plan.**

***MasterCard/Visa payments are subject to a 3% processing fee with each charge. Amex payments are subject to a 3.25% processing fee with each charge.***

**Print Name as it appears on CC** \_\_\_\_\_

**Billing Address (include zip code)** \_\_\_\_\_

\_\_\_\_\_

**Phone number** \_\_\_\_\_

**Card Type (circle one)    MASTERCARD                      VISA                      AMEX**

**Card Number** \_\_\_\_\_

**Expiration date** \_\_\_\_\_

**CCV Code (3 digits on back of card)** \_\_\_\_\_

**CCV Code Amex (4 digits on front of card)** \_\_\_\_\_

**Signature** \_\_\_\_\_