

**CREDIT CARD PAYMENT FORM**

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| CREDIT CARD INFORMATION | | | | |
| NAME OF CHILD | | | | |
| NAME AS IT APPEARS ON CREDIT CARD | | | | |
| ADDRESS | | | | |
| CREDIT CARD TYPE *(circle one)*  VISA  MASTER CARD  AMERICAN EXPRESS  DISCOVER  DINERS CLUB INTERNATIONAL | |  | |  |
| CREDIT CARD # | **EXP DATE** | | **CVC CODE** | |

* I authorize OUAT to charge my credit card in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* I authorize OUAT to charge my credit card in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for this and every subsequent week / month (please circle).

I understand that there is a ***$10.00 weekly*** tuition service charge and a ***$35.00 monthly*** tuition service charge **per child** for the transaction. (Please keep in mind that if you are paying for multiple weeks or months the appropriate service charge applies)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_