



Credit Card Authorization Form

The Gingham Giraffe Preschool is pleased to offer payment by credit card. Please complete all fields. You may cancel this authorization at any time by contacting alison@ginghamgiraffe.com.

Credit Card Type:

MasterCard Visa American Express Other _____

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy): _____ **Billing Zip:** _____

This form authorizes automatic payment of tuition fees. Additional services may be charged on request. The authorization will remain in effect until cancelled. *Please note: an annual one-time processing fee of \$25 will be applied upon receipt.*

I authorize **The Gingham Giraffe Preschool** to charge my credit card for agreed upon services. I understand that my information will be saved to file for future transactions on my account and that receipts will be sent via email to my preferred email address, below.

Name (print) _____ **Child's Name** _____

Preferred Email _____

Signature _____ **Date** _____

The Gingham Giraffe Preschool

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