



232 Main Street
Port Washington, NY 11050

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Port Washington Children's Center to charge my fees for *(indicate child's/children's name and describe transaction)*:

to my credit card. The credit card information is as follows:

Type (*check one*):

Visa	AMEX	MasterCard	Discover
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Card Number			
Exp Date:		Security Code:	
Amount:		Zip Code:	

One Time: ____ Monthly: ____

Print Name: _____

Signature: _____

Date: _____