

PAYING BY VISA/MASTERCARD/AMERICAN EXPRESS

Today's Date: _____

**I authorize the Varsity Community Association to charge my
VISA/MASTERCARD/AMERICAN EXPRESS**

_____ (Number on back)
3 DIGIT NUMBER ON BACK OF VISA/MASTERCARD _____

_____ (Number on Front)
4 DIGIT NUMBER ON FRONT OF AMERICAN EXPRESS _____

EXPIRY DATE ____/____

For my monthly childcare fees as follows:

Deposit: _____ **Date:** _____

Office Use Only: _____

Amount: _____ **Date:** _____

Amount: _____ **Date:** _____

Amount: _____ **Sept.** ____ **Oct.** ____ **Nov.** ____ **Dec.** ____ **Year:** _____

Jan. ____ **Feb.** ____ **Mar.** ____ **Apr.** ____ **May** ____ **June** ____ **Year:** _____

Fees are due by the 5th of the month

This arrangement may be changed at any time by contacting the Child Care Office.

Child's Name: _____

Card Signature: _____

Print Name on Card: _____

Office:

