



Northeastern
Child Care Services

Judith L. Fanelli
President

ONE TIME CREDIT CARD PAYMENT

Date: _____

Center: _____

(Please print or type the following information clearly)

Name: Last _____ First _____ MI _____

Child(ren)'s Name(s): _____

Print name as it appears on the card: _____

Address to which billing is sent:

Street address _____

City _____ ST _____ Zip Code _____

Phone number where card holder can be reached (_____) _____

Amount to be authorized and charged \$ _____

I hereby give Northeastern Child Care Services permission to charge my card for services requested.

Signature of card holder: _____

.....

Circle Credit Card type: **Mastercard** **Visa** **Discover** **American Express**

Card# _____

Expiration Date _____ (MM/YY) *CVV Code _____

Amount to be authorized and charged \$ _____

Signature of charge card holder: _____

*In the signature box on the back of the card, you should see a 3-digit code after the charge card account number, after the last four digits, or after the signature box. This 3-digit code is your CVV code.