QUALITY CARE FOR KIDS
P.O. Box 2037, Novato, CA 94948
www.qcfk.org

OLIVE SITE: 415-892-4111
olive@qcfk.org
LYNWOOD SITE: 415-892-6223
lynwood@qcfk.org

Credit Card Authorization Form

Quality Care For Kids now offers the convenience and ease of tuition payments made from your credit card. If you would like QCFK to run your tuition payments via a credit card, please complete below.

I (we) hereby authorize **QUALITY CARE FOR KIDS** to initiate credit card charges to the below-referenced credit card account. Tuition payments will be processed on the 1st of each month. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Please return the completed form to the Site/Asst. Site Director.

_____

Child(ren) Names

_____

Cardholder Name Phone #

_____

Cardholder Address City State Zip

[ ] VISA [ ] MASTERCARD [ ] DISCOVER [ ] AMERICAN EXPRESS

_____

Credit Card Number Expiration Date Security Code

_____

Cardholder Signature Date

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For office use only:

_____ ***Registration fee***

_____ ***Supply fee***

_____ ***August Prorated***

_____ ***September***

_____ ***October***

_____ ***November***

_____ ***December***

_____ ***January***

_____ ***February***

_____ ***March***

_____ ***April***

_____ ***May***

_____ ***June Prorated***