



**ST. FRANCIS OF ASSISI PRESCHOOL**  
**5111 San Felipe Road**  
**San Jose, CA 95135**

## **CREDIT CARD AUTHORIZATION FORM**

Name: \_\_\_\_\_ Child Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

The monthly tuition for my child's preschool attendance is due before the end of each current month as payment for each incoming month, with a grace period up to the 5<sup>th</sup> day of the incoming month.

I agree that my credit card will be charged the tuition fee for the incoming month and a \$30.00 late fee, if this has not been paid and received by St. Francis of Assisi Parish by the 5<sup>th</sup> day of the incoming month.

Agree: \_\_\_\_\_

Parent/Guardian Signature

Date: \_\_\_\_\_