



*The Temple Preschool
Credit Card Payment Authorization*

I authorize The Temple to charge my

_____ Visa _____ Mastercard

\$_____ Base Tuition Fee

This is the monthly preschool tuition. Applicable fees (late, early, extra day etc.) may be added.

___ monthly ___ quarterly ___ annually

Card # _____

Exp _____ CSV _____

Cardholder's name _____

Address & zip _____

Signature _____

*Please note that a 3% usage fee will be added to your payment
to offset credit card services charges*