

WMCC Pixie Nursery School
1845 Wantagh Avenue
Wantagh, NY 11793
516-785-1247



Credit Card Authorization Form

Child's Name: _____

Teacher's Name: _____ AM or PM

(circle one)

Cardholder Name (as shown on card): _____

Cardholder address: (credit card billing address):

_____ Town
Address Zip

Card Type

Master Card

Visa

Discover

AMEX

Card Number: _____ Security code:

Expiration Date (mm/yy): _____ / _____

I _____, authorize the WMCC Pixie Nursery School to charge the credit card indicated in this authorization form. I certify that I am the authorized user of this credit card and I will abide by the terms as long as the transaction corresponds to the terms indicated above.

SIGNATURE _____ DATE _____