



Preschool Auto Charge Authorization

Child's Name: _____

Phone: _____

I authorize the Oswegoland Park District to charge my monthly As We Grow Preschool payment to my credit card on the due date each month.

Payment Type: (Please Circle One)

Visa

Mcard

Amex

Discover

Credit Card Number: _____

Expiration Date: _____

Card Holder's Name: _____

Signature: _____

Date: _____