

Hayden Child Care

AUTHORIZATION FOR AUTOMATIC MASTERCARD/VISA PAYMENTS

*This is a payment for the following child care program:
(Please circle one)*

Hayden After School

The Josiah Hayden Pre-School

Child(ren)'s Name _____

I hereby give Hayden Recreation Centre permission to charge my child(ren)'s Hayden Child Care monthly fee directly to my MasterCard / Visa account on or about the first Friday of every month.

Signature _____

Date _____

Payment Information:

Mastercard / Visa Account # _____ Exp. _____

Cardholder Name (print clearly) _____