Katydid, Inc. Credit Card Authorization
To pay by credit card, please complete the information below and return*

Child's Name _____ ____Today's Date_____

Payment Information: _____ Charge monthly _____One-time charge

Name on Card _____

CC type _____Visa _____ MC _____ Disc

#_____ exp _____/_____ code _____

Signature_____ Date: _____

Billing Address _____

_____Zip _____

Phone _____

***NOTE: You can also present your credit card at the Schoolhouse along with this
statement to make your payment**