

**UTSW-UTD Callier Child Development Program  
Credit Card Payment Authorization Form**

Name of Enrolled Child: \_\_\_\_\_

The UTD-Callier Center Business Office is authorized to charge my credit card for the following ONE TIME ONLY payment:

\_\_\_\_ Enrollment Fee    \_\_\_\_ Security Deposit    \_\_\_\_ Tuition    \_\_\_\_ Other: \_\_\_\_\_

The UTD-Callier Center Business Office is authorized to charge my credit card on the first of each month of enrollment for:

\_\_\_\_ Tuition Only

\_\_\_\_ Tuition, lunch and fees

Credit Card Type, Number and Required Information:

Visa _____
Mastercard _____
Discover: _____
Expiration Date: Month _____ Year _____

Name of card holder (print): \_\_\_\_\_

Signature of the card holder: \_\_\_\_\_

Date: \_\_\_\_\_

Attn: Callier Business Office  
Patty Lee, Accountant  
**Fax 214-905-3022**  
Phone 214-905-3119