



# Credit Card Authorization

Parent's Name		Date	
Child's Name	Home Phone	Cell Phone	
Street Address	City	State	Zip

## CREDIT CARD INFORMATION

Visa       MasterCard      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. date \_\_\_ / \_\_\_  
 Discover

Signature \_\_\_\_\_

I authorize my account to be charged as indicated below.

Use this section **to set up a new credit card authorization**. You may authorize payments for Summer Programs, School Year Programs or both. You may select recurring monthly charges, one time payments, or both.

### Use this section to make a one-time payment and/or authorize recurring payments for Summer

**S  
U  
M  
M  
E  
R**

Program(s) \_\_\_\_\_  
 Run a one-time payment on \_\_\_\_\_ \$ \_\_\_\_\_

-AND/OR-

Recurring monthly payments to begin on \_\_\_\_\_ date \$ \_\_\_\_\_

Office Use
initial _____

### Use this section to make a one-time payment and/or authorize recurring payments for July - April

**S  
C  
H  
O  
O  
L**

Program(s) \_\_\_\_\_  
 Run a one-time payment on \_\_\_\_\_ date \$ \_\_\_\_\_

-AND/OR-

Recurring monthly payments to begin on \_\_\_\_\_ date \$ \_\_\_\_\_

Office use
initial _____

### Use this section **to change** your credit card number, expiration date or charge amount

Updated Credit Card Information

Visa       MasterCard      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp date \_\_\_ / \_\_\_  
 Discover

Updated monthly payments

Recurring monthly payments to begin on \_\_\_\_\_ date \$ \_\_\_\_\_

Program(s) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Office use
initial _____

### Use this section **to cancel** your credit card authorization

Today's date \_\_\_\_\_ Cancellation date \_\_\_\_\_

Program(s) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Office use
initial _____