



Credit Card Authorization

Child's Name _____			
Parent'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 or authorize recurring payments for Summer

S U M M E R	Program(s) _____	Office use
	Run a one-time payment on _____ date \$ _____	initial ____
	Set up recurring payments (Kids Club only) as follows:	
	Date _____ \$ _____	initial ____
	Date _____ \$ _____	initial ____

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

S C H O O L	Program(s) _____	Office use
	Run a one-time payment on _____ date \$ _____	initial ____
	-OR-	
	Recurring monthly payments to begin on _____ date \$ _____	Jul ____ Dec ____ Aug ____ Jan ____ Sept ____ Feb ____ Oct ____ Mar ____ Nov ____ Apr ____

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	
Jul ____	Dec ____
Aug ____	Jan ____
Sept ____	Feb ____
Oct ____	Mar ____
Nov ____	Apr ____

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

Today's date _____	Cancellation date _____	Office use
Program(s) _____		
Cardholder Signature _____		CLASS adjustment initial ____