



Debit/Credit Card
Authorization Form

I, _____, (Card Holder's Name) hereby authorize **Glenforest School** to charge my debit/credit card listed below for payment of my student's, _____, accrued **CANTEEN, AFTER-SCHOOL CARE, MORNING CARE, FIELD TRIPS and/or SCHOOL ID REPLACEMENTS**. There will be a late fee of \$35.00 charged for any charges due over 10 days late. We can no longer accept E-Checks or direct account withdraws.

I authorize a monthly payment of the total balance on the last business day of each month.

DEBIT/CREDIT CARD

Card Type: (Circle One) Visa Master Card Discover AMEX

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV: _____

Card Holder's Signature: _____

Date: _____

A completed form must be on file for each enrolled student. A monthly statement will be sent to the contact on file 1-3 days before any payments are charged. This form will remain in effect until cardholder specifically revokes it in writing. It is the responsibility of the cardholder to notify Glenforest School when (i) a debit/credit card has been renewed resulting in a new expiration date and (ii) a card has been revoked, canceled, or stolen.