



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 child, \_\_\_\_\_, accrued **canteen, morning care, after-school care** and/or **other** (Clubs, ID replacement, folder replacement, fieldtrips, portraits, clothing or tickets). 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: \_\_\_\_\_            Phone# \_\_\_\_\_

***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Glenforest School when (i) a debit/credit card has been renewed resulting in a new expiration date and (ii) a card has been revoked, canceled, or stolen. If account goes unpaid for more than 10 business days your child will have their canteen privileges revoked. There will be an additional fee of \$5.00 charge per week for any unpaid balance after 10 days.***