



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
CHILD'S NAME(S)					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
ACCOUNT NUMBER					
CVV # (3 digit/4 digits for AMEX)					
EXPIRATION DATE					
EMAIL					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		CELL		FAX NUMBER	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges due to the Field Station.</p> <p>I understand that if I do not submit payment for tuition prior to the 28th day of the month, I will be notified by email that my payment has not been received. If arrangements are not made by the 1st day of the month, my credit card will subsequently be charged for my child's tuition amount, plus the late fee of \$10. A receipt of the credit card transaction will be sent to my email subsequent to processing the transaction.</p> <p>If the credit card is denied and other payment arrangements are not made, I understand that my child will not be able to continue to attend the Field Station Cooperative.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	