



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	

<input type="checkbox"/> Yes	I would like to participate in the auto-charge program for my child's monthly tuition and have read and agree to the auto-charge terms of the "Tuition and Fees" section of the Field Station Handbook.
<input type="checkbox"/> No	

AUTHORIZATION OF CARD USE
I certify that I am the authorized holder and signer of the credit card referenced above.
I certify that all information above is complete and accurate.
I hereby authorize collection of payment for all charges due to the Field Station.
I understand that if I do not submit payment for tuition prior to the 28 th day of the month, I will be notified by email that my payment has not been received. If arrangements are not made by the 1 st 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.
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.

CARDHOLDER NAME			
SIGNATURE		DATE	

