## ORLANDO SCIENCE SCHOOL TECHNOLOGY CAMPUS



## 2018-2019 Credit Card/EFT Recurring Payment Authorization Form

**This form must be typed**. No handwritten forms will be accepted. Please complete all fields. You may cancel this authorization at any time by contacting the school. This authorization will remain in effect for the entire school year.

STU	DENT INFORMATION				1			
1 -	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADI	E LEVEL	
		<u> </u>	1 1		1 1			
2	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADI	E LEVEL	
2								
3	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADI	E LEVEL	
	t <b>ONE</b> payment option below and provide t	he requested information	•					
CREDIT CARD* HOLDER INFORMATION  *□ID and □Credit Card must be presented at time of submission Initials of Staff Member Verifying								
	]						8	
	NAME ON CARD			P	RIMARY P	HONE #		
CREDIT CARD								
	BILLING ADDRESS		CITY		S	STATE	ZIP	
Ţ	EMAIL (Required)							
(ED)	○ VISA ○ MASTERCARD ○ DISCOVER NOT ACCEPTED: AMERICAN EXPRESS							
CF	_	_						
	CARD NUMBER			EXPIRATION DATE			SECURITY CODE (3 Digits)	
<i>-</i>	COOLINIT'S HOLDED INFORMATION							
EFT ACCOUNT* HOLDER INFORMATION  *□ID and □Voided Check must be presented at time of submission Initials of Staff Member Verifying								
	NAME ON ACCOUNT			P	RIMARY P	HONE #		
EFT	ADDRESS	CITY			S	STATE	ZIP	
$\Box$	EMAIL (Required)							
	ABA (TRANSIT ROUTING) NUMBER CHECKING ACCOUNT			Γ NUMBER NAME OF FINANCIAL INSTITUTION				
ΡΔΥΙ	MENT AGREEMENT							
I herek	y authorize Discovery Education Services, Inc. to cha							
	r School Care Program, Lunch and Late or Lost Librar ccount and that I will not dispute the payments with							

the school if my credit card or bank account information changes.

Card Holder Signature:

\_\_\_\_\_ Date Signed: \_\_\_\_\_

in this form. I understand that my information will be saved for future transactions on my student's account and that it is my responsibility to notify