

ORLANDO SCIENCE SCHOOL TECHNOLOGY CAMPUS



2018-2019 Credit Card 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.

STUDENT INFORMATION

1	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL
2	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL
3	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL

CREDIT CARD* HOLDER INFORMATION

* ☐ ID and ☐ Credit Card must be presented at time of submission. _____ Initials of Staff Member Verifying

CREDIT CARD	NAME ON CARD	PRIMARY PHONE #		
	BILLING ADDRESS	CITY	STATE	ZIP
	EMAIL (Required)			
	<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER NOT ACCEPTED: AMERICAN EXPRESS			
	CARD NUMBER	EXPIRATION DATE	SECURITY CODE (3 Digits)	

PAYMENT AGREEMENT

I hereby authorize Discovery Education Services, Inc. to charge the above credit card for school expenses associated with the student(s) listed such as After School Care Program, Lunch and Late or Lost Library or Textbook Book Fees. I certify that I am an authorized user of this credit card and/or bank account and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated 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 the school if my credit card or bank account information changes.

Card Holder Signature: _____ **Date Signed:** _____