2018/2019 Credit Card Authorization Form

This form must be signed and returned.
I hereby authorize Park Shore Country Day School to charge my

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Your ten (10) payments for the 2017/2018 School Year will be automatically charged to your designated credit card on the following dates:

August 1, 2018	January 1, 2019
September 1, 2018	February 1, 2019
October 1, 2018	March 1, 2019
November 1, 2018	April 1, 2019
December 1, 2018	May 1, 2019

Name on the Credit Card _____
(exactly as it appears on the card)

Credit Card Number _____

CVV/Chip # (3 or 4 digit code) _____ **Expiration Date** _____

Billing address for card:

Street _____

City _____ **State** _____ **Zip Code** _____

_____ _____
Cardholder's Signature Date

Cardholder's email for confirmation _____

Student's Name(s) _____

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