2019/2020 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 2019/2020 School Year will be automatically charged to your designated credit card on the following dates:

August 1, 2019	January 1, 2020
September 1, 2019	February 1, 2020
October 1, 2019	March 1, 2020
November 1, 2019	April 1, 2020
December 1, 2019	May 1, 2020

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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