DEBIT/CREDIT CARD AUTHORIZATION FORM (2017/2018)

Customer ID:
(Enrolling Parent 'Last Name, First Name')
I, authorize SAY San Diego to charge my
(Name as shown on Credit/Debit card)
debit/credit card account for child care fees as indicated below:
(Please check one only) Charge credit card on the 1 st business day of each month according to current fee schedule plus any other applicable late payment/pick-up fees incurred. ** Parent will call or e-mail monthly with the date and amount to be charged. One-time charge.
CREDIT CARD DEBIT CARD AMEX VISA MASTERCARD DISCOVER D
AMEX CARD NUMBER: SECURITY CODE: (4 digits on front of Amex)
VISA / MASTERCARD / DISCOVER CARD NUMBER:
BILLING ADDRESS: APT #
CITY: STATE: ZIP CODE:
HOME PHONE: () - CELL PHONE: () -
E-MAIL ADDRESS:
SIGNATURE: DATE:

THIS FORM MUST BE FILLED OUT NEW EACH YEAR, IF SELECTING AUTO-CHARGE, OTHERWISE IT WILL EXPIRE ON THE DATE THE CREDIT CARD EXPIRES.

Parents are responsible for notifying the accounting office of changes to the debit/credit card information above.

Please return signed authorization form by fax or by mail to the number and address listed below or e-mail signed form to gfurseth@saysandiego.org.

This form will be used for your monthly credit card payments and will be kept on file in strictest confidences.

^{**} If you sign up for automatic debit/credit card payment, a monthly statement will still be sent to the enrolling parent. This will allow the parent to review their statement and call us with any questions regarding the fees before the charge has been made. A new credit card authorization form must be filed each school year if you intend to use automatic withdrawal.