

CREDIT CARD AUTHORIZATION

Name: _____

Address: _____

Child's name: _____

I hereby authorize the Academy of Physical and Social Development to charge current and future fees for service for my child / family. I understand this credit card authorization will be valid through June 30, 200_ at which point this sheet will be shredded.

Card type: ___ Visa ___ Mastercard ___ Discover

Card number: _____

3-4 digit security code on front or back of card: _____

Expiration date: _____

Name on card: _____

Signature: _____