Academy
of Physical & Social Development

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 I family. I understand this credit card authorization will be valid through June 30, 202___ 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: _____