Credit Card Authorization Form

2017 - 2018 School Year

Orange Community Education & Recreation

☐ MasterCard ☐ Visa ☐ Discover

Name as it appears on credit card

LAST NAME STUDENT FIRST NAME

Credit Card Number

ADDRESS

Exp. Date Security Code (Last 3 digits on back of card)

CITY/ZIP CODE

Billing Address for Card

PHONE(S)

City State Zip

I agree that Orange Community Education and Recreation may charge my credit card (Dept. of Orange City Schools) on a monthly basis for the items listed below. I understand that my card will be charged the 20th of the month for all Open Door services.

Please check all appropriate boxes that pertain to your child.

☐ Open Door ☐ OD Reg. Fee

Authorized Signature _____ Date _____

OFFICE USE ONLY

	No.	July	August	Sept	October	Nov	Dec	January	February	March	April	May	June
OD Reg. Fee													
Yellow Door													
Green Door													
Special Days													
Special Days													
11:30 Early Dismissal					11/16 $25				3/16 $25				
OD Other													
Total:													