



CREDIT/DEBIT PAYMENT AUTHORIZATION



For your convenience, you can have the 2009-2010 material fees automatically charged to your VISA or MasterCard.

(Once the material fee charge has been processed, this paperwork will be shredded at the school location.)

Name of Student: _____
First Last

 Name of Cardholder (please print)

 Address of Cardholder

 City, State, Zip of Cardholder

(_____) _____
 Daytime Phone # of Cardholder

 I authorize West Aurora School District 129 to automatically charge my credit or debit card as a one time payment.

Amount (circle one):
\$45 (KDG) **\$90** (1st – 3rd) **\$95** (4th – 5th) **\$105** (6th – 8th) \$_____ (9th – 12th)
Refer to Fee Statement for amount

Please charge my: VISA MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ (card should not expire any time before 06/09)

Signature of Cardholder: _____ Date: _____

If paying by charge card, please return this form with other registration paperwork.
If paying after registration due date, please allow for additional processing time.

<i>FOR OFFICE USE ONLY</i>					
Month	Date Entered	Amount	Month	Date Entered	Amount
<input type="checkbox"/> May			<input type="checkbox"/> August		
<input type="checkbox"/> June			<input type="checkbox"/> September		
<input type="checkbox"/> July			<input type="checkbox"/> _____		

