



CREDIT CARD AUTHORIZATION FORM

I, _____, parent/guardian of _____, authorize Rush-Henrietta Central School District to charge the credit card listed below each month for my child's participation in Cub Care Zone for the 2023-2024 school year.

I understand that all payments will be made between the 1st and the 7th of the month prior to the month of care being provided (example: October payment will be charged to your account between September 1 and September 7).

Method of Payment (select one): ☐ Visa ☐ MasterCard

Credit Card #:

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Expiration Date (MM/YY):

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CVC# (3-digit code from back of card):

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Print Card Holder Name: _____

Billing Address on Account: _____

Card Holder Signature: _____
(handwritten signature required)

Date: _____