



## 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 2024-2025 school year.

I understand that all payments will be made between the 1<sup>st</sup> and the 7<sup>th</sup> 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: \_\_\_\_\_