



Credit Card Payment Authorization

Date: _____

Child's Name (PRINT): _____

Parent's Name (PRINT): _____

I authorize regularly scheduled charges to my credit card account. You will be charged the amount indicated below along with a fee of 2.85% of the transaction amount each billing period. A receipt for each payment will be provided to you.

I authorize Chapelwood/Fair Haven Day School to charge my credit card account indicated below:

Amount: \$ _____ for my child's monthly tuition and fees/lunches/late payments, if applicable along with a fee of 2.85% of the transaction amount.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Details

Visa MasterCard

Card Holder Name (Print) _____

Credit Card Number _____

Expiration Date _____

CVV _____ Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fair Haven Day School of any changes in information. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being declined, I understand that Chapelwood/Fair Haven Day School may at its discretion attempt to process the charge again within 30 days and agree to an additional \$45.00 charge for each attempt returned.

SIGNATURE _____ **DATE** _____

(Account Holder's Signature)