



Summer Program 2022 Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.
An administration fee of 2.5% will be added to all credit card payments

Transaction Processing Dates: Deposit #1 With Application / Deposit #2 Dec 1/21 /Balance April 1st/22

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVC (on back of card):
Transaction Amount \$ With Application \$ _____ Dec 1/20 \$ _____ Apr 1/21 \$ _____
Cardholder Postal Code (from credit card billing address):

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amount. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date