

Fullerton School District
Child Development Services
1401 W. Valencia Drive
Fullerton, CA, 92833

**AUTHORIZATION FOR AUTOMATIC CREDIT CARD CHARGE
2010-2011 School Year**

First Name _____ Last Name _____ M.I. ____
Address _____
City _____ State _____ Zip Code _____
School Site _____ School Age Childcare ___ Preschool ___
Child(ren) Name: _____

Automatic Charge Authorization

I am authorizing FSD to make an automatic charge to my credit card as specified below :

Charge Schedule **We do not accept Discover or American Express**

Type of Card _____

Amount \$ _____

* Fill out only when amount is recurrent every month.

Credit Card Number _____ Expiration Date _____

***Please note that monthly payments will be charged the 1st of every month. If the 1st falls on a weekend the payment will be posted on the next business day.**

Authorized Signature _____ Date _____

You will receive a new form with each change that occurs. By signing this form you are authorizing FSD to make periodic charges to your credit card. Please send a written request if you wish to stop the charges or to make any changes to this agreement.

District Office Use Only:

Months to charge this account _____

Budget Number _____

Approved By: _____

***Please do not fax** this form to our office as we are required to keep the original on file. This form needs to be mailed at our address above, attn: Monique Bosse.