

Shalom School

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.

Credit Card Information

Card Type: MasterCard Visa Amex Discover

Cardholder Name (as shown on card): _____

Card Number: _____

Card CVV Number (3 digits on back of card or **Amex** is 4 digits on front of card): _____

Expiration Date: _____

Cardholder address and ZIP Code (from credit card billing address): _____

Email address: _____ Phone number: _____

List Student Name(s): _____

I, _____, authorize **Shalom School** to charge my credit card above for agreed upon tuition/childcare/camps/fieldtrips and other school fees/purchases. I understand that my information will be saved to file for future transactions on my account.

Print Name

Signature

Date