

CREDIT CARD AUTHORIZATION

If you would like to make your C.A.R.E. payments with a credit card, please complete this form and return it to our office, 2101 E. River Rd. We will keep your card number securely on file. With each CARE calendar that you submit you will need to authorize our office to use this credit card for payment by signing at the bottom of the calendar. Additional fees from overtime or added hours will also be added to the charge amount.

My (our) signature(s) authorizes Catalina Foothills School District Community Schools to charge the C.A.R.E. Program tuition, fees and outstanding balances to the credit card listed for the school year I am registering.

Signature _____ Date _____

Signature _____ Date _____

Print names of authorized user(s) of this card:

Phone Number(s): _____

Please circle: VISA MASTERCARD DISCOVER

Credit card number _____ - _____ - _____ - _____

Expiration date _____ / _____

Children's Names: _____

School _____ School Year _____