



## Trails Blazers Preschool Credit Card Auto Payment Authorization Form

**Student Name:** \_\_\_\_\_

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Credit cards only accepted for walk-in or mail-in registrations.

### Credit Card Information

Card Type:  MasterCard     VISA     Discover

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV: \_\_\_ \_\_\_ \_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize River Trails Park District to charge my credit card monthly from September to April for the Trails Blazers Preschool tuition. I understand that my information will be saved on file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date