

Happy Campers Credit Card Authorization Form

Payment Agreement	School _____
	Parent/guardian name: _____
	Child(ren) name(s): _____

**THIS FORM CANNOT BE EMAILED AS WE MUST HAVE YOUR LEGAL SIGNATURE.
You can drop off at any location or print and fax to 250-474-0933.**

<input type="checkbox"/> Fees due monthly on the 1 st of each month in the amount of \$ _____ Commencing _____/20____ <i>month</i>	
<input type="checkbox"/> Check here to have extra fees charged to your account (due to pre-registration of full day/pro.d.day camps including summer/spring break & Christmas camps and registration fee if applicable)	
Full name as it appears on the card: _____	
Expiration date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Security Code _____
<i>Month/year</i>	<i>(3 digit number on the back of your card)</i>
MASTERCARD # 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
VISA 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

I hereby authorize Happy Campers Child Care Ltd. through Paymentech Solutions, to make debits from my credit card as specified above which will include the bank charge of \$2 per every \$100 paid. This authorization is to remain in effect until cancelled in writing, or until the childcare program period ends.

Parent signature (card holder)

Date

Staff Verification Signature

Date