

## <u>Credit Card Authorization Form</u> <u>Transportation Program 2024-2025</u>

Child(ren)'s Inform	nation:						
Last Name(s):		First Name(s):					
card listed below a error. This author written notificatio	ys & Girls Clubs of G and if necessary to i ity will remain in ef n to cancel. Notice rior to the recurring	initiate adjustmen fect until the Boys must be received	ts for any transa & Girls Clubs of by the Boys & G	ctions credi Greater Sa irls Clubs o	ited or d n Diego l f Greater	ebited in has received	
Name as it	appears on card:						
Type of card	Visa Mo	Discov	er AM	EX			
Card Number:				Expiration	:		
Billing Address:							
City/State/Zip:							
Phone Number:							
month prior) if you was No refund will be gi	indicate you would li will not be attending ven for cancelations program day. Fees are	a month that is che requested after the	ecked. 23 <sup>rd</sup> (the month	prior).			
Month	Amount	Due Dat	e Scholars	hip/Sibling?	Δ1	ttending?	
August	\$108 (9 days)	Aug. 13, 202				, comuning t	
September	\$240 (20 days)	Aug. 26, 202					
October	\$252 (21 days)	Sept. 25, 202	+				
November	\$180 (15 days)	Oct. 25, 202					
December	\$180 (15 days)	Nov. 25, 202					
January	\$216 (18 days)	Dec. 20, 202					
February	\$216 (18 days)	Jan. 27, 2025	5				
March	\$252 (21 days)	Feb. 25, 202					
April	\$168 (14 days)	March 25, 20	025				
May	\$320 (21 days)	April 25, 202	.5				
June	\$96 (8 days)	May 26, 202	5				
Card Holder's Sign			 Date				
Office Use Only	Sibling Discount	20%	Scholarship	50%	30%	15%	