

NSD Extended Day Class Program
6940 Calloway Drive
Bakersfield, CA 93312
661-387-7000

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Norris School District EDC** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Norris School District EDC** to charge my credit card account indicated below for \$ _____ on or after the **first (1st) of each month** beginning on _____ and ending on _____. This payment is for the Extended Day Class (Childcare) with the Norris School District. A transaction fee of \$7.00 will be added to the above amount. Additional fees may apply should transaction authorization be declined.

The following needs to match the information on your card:

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____	Students Names	_____	
CVV2 (3 digit on back of Visa/MC)	_____	(4 digit on front)AX	_____	Billing Zip Code _____

SIGNATURE _____ DATE _____

By my signature above, I authorize the Norris School District to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid as specified above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

District Use: Verbal Authorization _____ Date: _____ Time: _____ By: _____