

**Saint Philip Neri School**  
**Credit Card Authorization Form**

I hereby authorize Saint Philip Neri School to charge the designated credit card per the specific instructions below.

Camper's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

Name as it appears on card \_\_\_\_\_

Zip Code of billing address \_\_\_\_\_

\*\*\*I would like to use the card provided for weekly expenses incurred (weekly rate, food used, and/or after care) – charges will be made on Wednesdays – rates may vary

\_\_\_\_\_  
Please initial above

\*\*\*Charge this total \$ \_\_\_\_\_ **once** to represent the following:

\_\_\_\_\_ This represents prepaid food account

\_\_\_\_\_ Weekly rate

\_\_\_\_\_ After care

\_\_\_\_\_ T shirts

\_\_\_\_\_  
Contact Name / Signature / Phone Number

\_\_\_\_\_  
Date