

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