



THE FAMILY SCHOOLS, INC.

THE FAMILY SCHOOL THE SALT BOX SCHOOL BREWSTER DAY CAMP
3570 Main Street Brewster, MA 02631 tel: (508)896-6555 / fax: (508)896-2044
info@thefamilyschools.com

CREDIT CARD / ACH AUTHORIZATION FORM

Student Name _____ Program _____

Student Name _____ Program _____

Student Name _____ Program _____

Please charge my credit card / debit my bank account for the account(s) listed below:

Credit Card Number _____

Security Code _____ Expiration Date _____

Card Holder Name _____

Credit Card Billing Address _____

Today's Date _____ Cardholder Signature _____

Bank Account Information for ACH Payments (please attach a voided check)

Checking ___ Savings ___ Business Checking ___

ABA Routing Number _____

Account Number _____

Bank Name _____

Account Holder Name _____

Account Holder Address _____

Please check one:

- ONE-TIME** Charge my credit card / debit my bank account for the current bill.
Date _____ Amount \$ _____
- RECURRING** Charge my credit card / debit my bank account automatically by the 15th of each month for the full amount of the invoice dated on the first of the month.

Late fees will be charged for payments received after the 15th of the month.

Card Swiped _____

Date _____

Phone Order _____

Employee Initials _____