

Campus After School Program

2901 Campus Rd. Brooklyn, N.Y. 11210

(718) 421-7575

Recurring Card Payment Authorization Form

Sign and complete this form to authorize Campus ASP Inc. to make a recurring monthly charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on the 1st of every month.

Please complete the information below:

Child's Name: _____

I _____ authorize Campus ASP Inc. to automatically charge my credit card
(full name)
account indicated below for _____ on the 1st of every month.
(amount)

Billing Address _____

City, State, _____

Zip Code, _____

Account Type: Visa MasterCard Amex

Cardholder Name _____

Account Number _____

Expiration Date _____

I understand that I am paying a 3% transaction fee each month for the use of my credit card.

SIGNATURE _____

DATE _____

I authorize the Campus ASP Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for September 2019-June 2020. 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.