



Camp 2021 Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Transaction Processing Dates: Deposit #1 Oct 22/20 / Deposit #2 Dec 1/20 / Balance April 1st/21

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVC (on back of card):
Transaction Amount \$ Oct 22/20 \$ _____ Dec 1/20 \$ _____ Apr 1/21 \$ _____
Cardholder Postal Code (from credit card billing address):

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amount. I understand that my information will be saved to file for future transactions on my account.

_____ Customer Signature

_____ Date