



SINGLE CREDIT CARD PAYMENT – CAMP

Williamsburg Northside is required to collect and maintain certain information on file for customers using a credit card for payment. Please fill in the form below, sign and return to us. Be sure to indicate whether you would like to have this payment charged to your MasterCard, Visa, or American Express card.

Per your request, once this signed authorization is received by Williamsburg Northside’s billing department your credit card will be charged in the amount of \$_____ for the payment indicated below.

Credit Card Information

Child’s Name _____ DOB: _____

Card Holder Name(s) _____

Credit Card: MasterCard Visa American Express

Credit Card Number _____

Expiration Date _____ CID (security code) _____

Card Billing Address _____

City/State: _____ Zip Code: _____

Payment to be applied to: CAMP SESSIONS: _____ Afterschool

Agreement

I (we) hereby authorize Williamsburg Northside to initiate debit entries as per the schedule listed above to my (our) credit card indicated above for the 2015-16 school year.

Cardholder’s Signature X _____ Date: _____

Cardholder’s Signature X _____ Date: _____

If you have any questions about credit card payments please feel free to call our billing office at 718-599-7300. For your convenience you may return this form to us via fax at 718-599-1494.

AUTHORIZATION INFORMATION	
Date charged/auth code:	
School Year:	
Charged by:	
Program Payment is to be applied to: (i.e. installment date, afterschool)	