

## Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Child's Name \_\_\_\_\_

Type of Card: Visa ☐ MC ☐ ECheck ☐ Discover ☐

Other ☐

\_\_\_\_\_  
\*\*DO NOT PUT CARD NUMBER ON FORM\*\*

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Afterschool \_\_\_\_\_

Team - weekly \_\_\_\_\_

Additional Classes \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

**By signing this form, you authorize Volusia Academy  
to charge your card for the amount listed above, including a \$5.00 Late  
Fee, if not paid by every reoccurring Tuesday at Midnight, during the  
school year.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_