



Credit Card Authorization Form

(Please fill in the form below and return it to us)

By signing this form, I authorize Ambrosia & Fig to debit my account for Monthly Lunch Fees. Fees are charged Monthly beginning the 20th of the Month for the following Month of lunch services.

Child's Name: _____ Campus: _____

Lunch Choice: _____ Size: _____ Restrictions: GF EF DF Combination

Card Type: Visa MasterCard AMEX Discover Other: _____

Cardholder Name* _____

Card Number* _____

Expiration Date (MM/YY)* _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address: _____

* Obligatory fields.

Email: _____ Phone #: _____

CARDHOLDER SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form. This payment authorization is for the price of monthly lunches for Guidepost Education lunches only. I understand there may be a separate charge of \$23.00 for combination restrictions. 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. I understand that the payment is non-refundable.