



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 15th of the Month for the following Month of lunch services. Standard lunch is 105.00.

Child's Name: _____ Age: _____ Campus: _____

Lunch Choice: _____ 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 amount of monthly lunches for Castle Education lunches only. I understand there may be a separate charge of \$20.00 or \$40.00 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 if canceled after charge is made to your card. If you are given a partial refund, there will be a mandatory 50.00 Admin and processing fee as well as the deduction for the credit card fees incurred by the processing company.