



## 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 \$11.00 or \$18.00 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.