

## FOOD SERVICES CREDIT CARD PAYMENT FORM

*Information provided in connection with payment by credit card will be used solely to effect payment through the appropriate banking or other financial institutions.*

Today's Date: \_\_\_\_\_ School \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ (Must have for processing)

Parent / Guardian Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Initial amount to charge \$ \_\_\_\_\_

**Visa, or MasterCard, or Discover (Please circle one)**

EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD #

CARDHOLDER NAME \_\_\_\_\_

I hereby authorize Lawrence Public Schools to charge my credit card for the amount authorized by me.

SIGNATURE \_\_\_\_\_

### Reauthorization:

#### *Option 1: Automatic Payment*

\_\_\_\_\_ I authorize USD 497 Food Services to make a charge payment of \$\_\_\_\_\_ to my credit card when the balance falls below \$\_\_\_\_\_.

An email notification can be sent when a charge is made. Email address \_\_\_\_\_

Permission expires \_\_\_\_\_ (Please print legibly)  
(date)

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

OR

#### *Option 2: Phone Payment*

\_\_\_\_\_ I authorize USD 497 Food Services to charge my credit card as per my phone call only.

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