



# Shelton Unit Credit/Debit Card Authorization Form

### Contact Information

Name	_____	Phone	_____
Address	_____	Phone	_____
City, State, ZIP	_____	E-mail	_____

### Card Information

Card Type	<input type="radio"/> Credit Card	<input type="radio"/> Debit Card	Repeating Charge:	<input type="radio"/> Weekly	<input type="radio"/> Monthly
	<input type="radio"/> VISA	<input type="radio"/> MasterCard	<input type="radio"/> DISCOVER		
Name as it appears on card	_____				
Card Number	_____	SIC Code	_____	Expiration Date	____/____/20
Signature	_____	Date	_____	Total Amount	_____

### Payment Information

Reason for Payment	<i>Please check all that apply, specify each child's name, and enter all amounts. Bank money cannot be charged.</i>				
After School Membership	<input type="radio"/> 6&7s	Children _____	Dates _____	\$ _____	
	<input type="radio"/> 8-12	Children _____	Dates _____	\$ _____	
	<input type="radio"/> 13+	Children _____	Dates _____	\$ _____	
School Vacation	<input type="radio"/>	Children _____	Dates _____	\$ _____	
Summer Camp	<input type="radio"/> 8-12	Children _____	Dates _____	\$ _____	
	<input type="radio"/> 13+	Children _____	Dates _____	\$ _____	
	<input type="radio"/> Late Fee	<input type="radio"/> Trip, please specify: _____		\$ _____	
<b>Please note, bank money may not be put on charge/debit card</b>					
Transportation	Children _____	School _____		\$ _____	
Sports	<input type="radio"/> Basketball	<input type="radio"/> Soccer	<input type="radio"/> Wrestling	<input type="radio"/> Other _____	\$ _____
Other (please specify)	_____				\$ _____