

The Surreybrook School
Credit Card Authorization Form

Please complete this form and return to us. You may complete in electronic form and e-sign and email back to us or print out, and complete in hard copy.

All information will remain confidential

Cardholder Name: _____

Billing Address: _____

_____ Zip Code: _____

Phone number: _____ Email address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____ CCV(3 digit number on back of card) _____

Amount to charge _____ (USD) Weekly/Bi-Weekly/Monthly _____

I authorize Surreybrook School to charge the agreed amount listed above to my credit card provider herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree that I will be responsible for any fees associated with returned process. I will notify Surreybrook immediately if any information above changes.

Cardholder: Print name, sign and date below:

Signature: _____ Date: _____

Name: _____

PLEASE RETURN TO kathy@surreybrookpreschool.com Thank you!