



Credit Card Authorization Form

School Year: 20__ - __

Payments can be made for the full year, one payment for each semester or in monthly payments. If you choose to have the tuition charged to your credit card account, please fill out the authorization below and mail, e-mail (coachderek afterschool@gmail.com) or fax it our office (310-943-0411).

- If paying by check, please make check out to **Coach Derek Inc.**
- If you need to change the credit card on file, **you must complete a new CC Authorization form by the 1st of the month.**
- You must notify our office if your child is no longer attending the program before the 1st of the month. If you fail to do so, and your credit card is charged, no refunds will be given.
- **Listing a secondary account number is required.**
- **If the primary credit card is declined, the secondary card on file will be charged.** Should both cards be declined, cash, check or money order will be required.
- We are not responsible for bank charges due to a decline or overdraft.

Child Name: _____ **School:** _____

PRIMARY ACCOUNT Visa MasterCard

Name (on card): _____ Phone: _____

Account Number: _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

SECONDARY ACCOUNT Visa MasterCard

Name (on card): _____ Phone: _____

Account Number: _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

PROGRAM OPTIONS (Check appropriate boxes)

Afterschool Program 5 days 4 days 3 days 2 days 1 day

Drop-In Care Class Only | Name: _____ M Tu W Th F

Check here if splitting tuition with another party | Name: _____

Please charge the tuition: Monthly 2 Payments (Aug & Feb) 1 Payment/year
(Monthly payments will be charged to your account by the 5th of every month)

I hereby authorize Coach Derek Inc. to charge my credit card account by the 5th of every month for tuition payment for my child's participation in the program.

Signature: _____ **Date:** _____