



**SCHOOL AGE SERVICES
CREDIT CARD PAYMENT FORM**

Child(ren)'s Name: _____

ID# _____

Please charge my _____ VISA _____ MC _____ AMEX _____ Discover

Account # _____ Exp Date _____

Amount \$ _____

Print name as it appears on: _____

Signature: _____ Date: _____

Address of Card Holder:

Street address: _____

City: _____ State: _____ Zip: _____

Please be aware of the following:

This is for a one time payment **only**; we cannot automatically charge your credit card monthly using this form. If you would like to pay monthly by credit card you must submit this form each month.

Your monthly bill is your receipt. Individual receipts cannot be issued.

Fax to: 410-715-0845