



# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by sending us an email to [admissions@bluebrookacademy.com](mailto:admissions@bluebrookacademy.com) understanding however that it is our policy to have a credit or debit card on file for miscellaneous needs. As such a new card will be required for our files should you choose to remove this card. This authorization will remain in effect until such time as the student no longer attends Bluebrook Academy.

## Credit Card Information

Card Type:  MasterCard  VISA  Other

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm / yy): \_\_\_\_\_

Address (from credit card billing address): \_\_\_\_\_

Phone No: \_\_\_\_\_

## Use

An email to the Card Holder stating the reason for the use of the card in in each specific scenario is required before a charge is applied to the card. Transactions are only permitted on this card for Child Name: \_\_\_\_\_. The child's departure from the school ceases the permission to use this card beyond any outstanding amounts that may have been left on the said account.

## Acknowledgement

I, \_\_\_\_\_, authorize \_\_\_\_\_ Bluebrook Academy \_\_\_\_\_ to charge my credit card above for agreed upon purchases consistent with the care of my child. These items can be any of the following: aftercare, evening care, uniforms, day to day needs for my little one (diapers, wipes etc.) where the supply provided for the child in question is depleted. I understand that my information will be saved to file for future transactions on my account and I further agree that should I change my card details or renew/change my card, the new details will be committed to file.

## Signature

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date