

Urbandale Preschool/Adventuretime Family Services
3305 92nd Street
Urbandale, IA 50322
Phone: 515-457-5855
Fax: 515-457-5860

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Urbandale Community School District to enter this credit card information into the Adventuretime Family Services software which will automatically charge my account monthly for my child's Preschool or Before/After school care, beginning on _____.
(Date)

The Credit Card Authorization Form must be filled out at the beginning of each new program (school year and summer).

STUDENT'S NAME	
SCHOOL ATTENDING	
DISCOVER CARD ACCOUNT #	
MASTERCARD ACCOUNT #	
VISA ACCOUNT #	
EXPIRATION DATE	
MONTHLY DOLLAR AMOUNT	
NAME OF CARD HOLDER	
CARD HOLDER SIGNATURE	