

We Need A New One Filled Out Every Year!



**PCSD After-School Camp Program
Charge Card Monthly Charge Authorization 2018-19**

I authorize Park City School District to charge my After School tuition and fees on my credit or debit card. Monthly charge will be made at the beginning of each month, between the 1st and the 7th day of the month. Tuition and any associated fees are due by the first Friday of every month.

Parent name: _____

Name on Card: _____

Address associated with this credit card: _____

Child(ren) enrolled: _____

Monthly charge amount: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

In order to discontinue this monthly charge, I will contact Alison Taylor from PCSD Community Education at 435-615-0209 **at least** one week before the payment would normally be charged. This charge discontinuation notice does not supersede the policy in the Enrollment Agreement, outlining student discontinuation in the program.

Signed: _____ Date: ___/___/___