



## 2019 STRIPES 360 SUMMER PROGRAMMING AUTOMATIC DEBIT/CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Republic R-III School District STRIPES 360 Program to initiate Debit entries to my checking/savings account or Credit Card charges to my credit card on file. I agree the amount debited or charged will be determined according to the most current schedule I have selected for my child's attendance in Stripes 360 Summer Programming.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name Responsible for Payment: \_\_\_\_\_  
(Please Print)

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please fill in desired payment method below:**

I would like the payments to be made (please check one):

- Weekly starting on \_\_\_/\_\_\_/\_\_\_
- Bi-Weekly starting on \_\_\_/\_\_\_/\_\_\_
- Monthly starting on \_\_\_/\_\_\_/\_\_\_

\_\_\_ Debit Card:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover

\_\_\_ Credit Card:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover

Name on Card: \_\_\_\_\_

Debit or Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Three digit security code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please note:** Payments not honored by your financial institution due insufficient funds or closed accounts will be assessed a \$10.00 fee. Forms are good for the 2018-2019 School Year.

(FORMS WILL NOT BE PROCESSED WITHOUT A SIGNATURE)