

Extended Care
Credit Card Authorization Form
2009 - 2010

Please complete the information below.

Student's name _____

Parent's name on credit card _____

Address _____

Please charge my VISA ____ Mastercard ____

Card number ____ _ ____ _ ____ _ ____ _ ____ _ ____ _

Expiration date ____ _ ____ _

3-digit code ____ _ ____

____ I want to use my credit card to pay for my Extended Care Planned Purchase Hours.
Notify me before charging the card.

____ I want Live Oak to renew my Planned Purchase hours whenever I run out. These will
be automatically billed to my credit card in increments of:

_____ 20 hours for \$140.00

_____ 50 hours for \$350.00

_____ 100 hours for \$700.00

I hereby authorize a charge on the credit card designated above for Planned
Purchase Hours for Extended Care.

Signature _____

Date _____