



MAPLEWOOD SCHOOL

& Summer Program
2166 Wantagh Avenue, Wantagh, NY 11793
(516) 221-2121 Fax (516) 221-9303
www.office @maplewoodschool.com

Credit Card Authorization Form

Please complete and sign this form and mail it with your enrollment card if you would like to charge your deposit or make tuition payments using your credit card. All information must be completed, including your address and authorization code, to complete this transaction.

Card Type:	□Visa	☐ MasterCard	☐ Discover	☐ American Express
Card Number:	·			
Expiration Date: Month: Year:				
Three-digit Authorization Code: (last three digits in the signature box on the back of your card) Four-digit Authorization Code (American Express) (found on the front of your card)				
Cardholder's N	Name:			
Billing Address	s:			
Amount to be charged: \$				
Applied to:(deposit, camp balance, school tuition)				
Camper\Student Name(s):				
E-Mail:				
I authorize Maplewood School and Summer Program to charge my credit card as listed above for the amount shown.				
Signature:			Dat	e:
Cell Phone Nu	ımber:			
Maplewood may use the authorized credit card, with verbal permission from the card holder for balance payments, extension of session or extra day charges:				
card Holder for Da	aiance pay	yments, extension of \square Yes \square N		a day charges.