



## Credit Card Authorization - Explorer Zone

Parent/Guardian Name: \_\_\_\_\_

Discover U Student(s) Name(s) \* : \_\_\_\_\_

\* Please fill out a new form each time a new student enters Discover U Elementary. They will not automatically be added to the account.

Card to be used is a Visa, Mastercard, American Express, Discover:

\_\_\_\_\_

Name on Card (Account Holder): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ CVV: \_\_\_\_\_

Address associated with credit card including zip code:

\_\_\_\_\_

Phone # associated with credit card: \_\_\_\_\_

Cardholder Email (needed to set up account): \_\_\_\_\_

I, the above-named Account Holder, hereby authorize Discover U Elementary to establish an account (the "Account") for the above-named student ("Student") and charge the monthly amount of \$\_\_\_\_\_ ("Monthly Amount") for Before and/or After Care on or about the first of each month. I understand that the Monthly Amount may change from time to time based on the child care service I select.

This authority shall remain in effect until I change or cancel it in writing. If I decide to terminate Discover U Elementary's authority to charge my credit card specified above, I understand I must send written notice to Discover U Elementary at least ten (10) days before the date of termination. Written notice can be an e-mailed to [Englund@Discoverulearning.com](mailto:Englund@Discoverulearning.com) or mailed to Discover U Elementary, Attn: Nancy Englund, 13226 N 113th Ave, Youngtown, Arizona 85363.

If the above scheduled credit card is ever declined, Discover U Elementary will notify me via email and I understand that I will still be financially responsible for the charge made on the card. If the above scheduled credit card is declined, I understand that I may become subject to collection efforts by Discover U Elementary.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

<b>For Official Use Only</b>	
Date Received	
Employee Signature	